

BOARD/COMMITTEE REPORT

<u>Meeting</u>	Trust Quality Executive	<u>Date:</u> 19 May 2017
<u>Report Title</u>	Complaints Annual Report	<u>Agenda Item:</u> <u>Enclosure No.:</u>
<u>Lead Director to Present Report</u>	Rachel Overfield Director of Nursing	
<u>Report Author(s)</u>	Garry Perry Head of Patient Relations	
<u>Executive Summary</u>	<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 2016 and 31 March 2017.</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>In July 2016 the Trust reviewed the complaints process with a particular focus on the timeframe for responding to complaints and quality improvements. Approval for a new timeframe was agreed with local resolution targets identifying a 10, 30 and 45 working day timeframe based on agreement with the complainant and the level of seriousness afforded. The previous Trust target was for 70% of all complaints to be completed within 30 working days which had only been achieved on 3 occasions in the previous 12 months 2015/2016 with a mean average score overall of 51%. The changes implemented in July resulted in a steady improvement with the year - end position of 79% of all written complaints responded to within timeframe.</p> <p>The Patient Relations Team continues to work closely with Divisional teams in order to improve the rate of responsiveness and the way in which we respond. The annual report outlines the feedback received in the past year and looks forward to further evidencing lessons learned and ensuring that we can truly reflect we have not just listened but heard what are patients are telling us and acting upon it.</p>	

<u>Purpose</u>	Approval <input checked="" type="checkbox"/>	Decision <input type="checkbox"/>	Discussion <input type="checkbox"/>	Note for Information <input checked="" type="checkbox"/>
<u>Recommendation</u>	<ol style="list-style-type: none"> 1. To note contents and progress made. 2. To approve service development recommendations 			
<u>Trust Objectives Supported by this Report</u>	Provide Safe High Quality Care Across all of Our Services	Embed the quality, performance and patient experience improvements that we have begun in 2016/17		
	Care for Patients at Home Whenever we can	Not Relevant		
	Work Closely with Partners in Walsall and Surrounding Areas	Not Relevant		
	Value our Colleagues so they recommend us as a place to work	Not Relevant		
	Use resources well to ensure we are Sustainable	Not Relevant		

Care Quality Commission Key Lines of Enquiry Supported by this Report	<p>The report supports the following Key Lines of Enquiry:</p> <table border="1" data-bbox="405 286 1450 495"> <tr> <td data-bbox="405 286 652 353">Safe</td> <td data-bbox="657 286 904 353"><input type="checkbox"/></td> <td data-bbox="909 286 1173 353">Effective</td> <td data-bbox="1177 286 1450 353"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="405 353 652 421">Caring</td> <td data-bbox="657 353 904 421"><input type="checkbox"/></td> <td data-bbox="909 353 1173 421">Responsive</td> <td data-bbox="1177 353 1450 421"><input checked="" type="checkbox"/></td> </tr> <tr> <td data-bbox="405 421 652 495">Well-Led</td> <td data-bbox="657 421 904 495"><input type="checkbox"/></td> <td colspan="2" data-bbox="909 421 1450 495"></td> </tr> </table>	Safe	<input type="checkbox"/>	Effective	<input type="checkbox"/>	Caring	<input type="checkbox"/>	Responsive	<input checked="" type="checkbox"/>	Well-Led	<input type="checkbox"/>		
Safe	<input type="checkbox"/>	Effective	<input type="checkbox"/>										
Caring	<input type="checkbox"/>	Responsive	<input checked="" type="checkbox"/>										
Well-Led	<input type="checkbox"/>												
Board Assurance Framework/ Corporate Risk Register Links													
Resource Implications													
Other Regulatory /Legal Implications	<p>CQC – includes a standard for management of complaints NHSLA Standard 2.3 Local Authority Social Services and NHS Complaints (England) regulations 2009</p>												
Report History	<p>Reported annually – last report 2015/2016 July 2016</p>												
Next Steps													
Freedom of Information Status	<p>The report is subject to the Freedom of Information Act. Whilst it is intended that it may be released into the public domain at a future date, it may not be copied or distributed further without the written permission of the Chair of the Trust Board/ Chair of the Committee</p>												

Complaints Annual Report 2016/2017



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 2016 and 31 March 2017. 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 and concerns received on behalf of the Trust. The expansion during 2016 of the Patient Relations and Patient Experience teams to support the overall patient experience agenda has provided an opportunity to implement and meet KPI's including those set nationally and locally. The Patient Relations Team is a department that is responsive and proactive to queries and concerns remaining an effective resource in supporting patients and their representatives, and staff to respond to 'real time' queries and concerns, putting the patient at the heart of everything it does.

In July 2016 the Trust reviewed the complaints process with a particular focus on the timeframe for responding to complaints and quality improvements. Approval for a new timeframe was agreed with local resolution targets identifying a 10, 30 and 45 working day timeframe based on agreement with the complainant and the level of seriousness afforded. The previous Trust target was for 70% of all complaints to be completed within 30 working days which had only been achieved on 3 occasions in the previous 12 months 2015/2016 with a mean average score overall of 51%. The changes implemented in July resulted in a steady improvement with the year - end position of 79% of all written complaints responded to within timeframe.

The team continue to work closely with Divisional teams in order to improve the rate of responsiveness and the way in which we respond. In managing written complaints the team seeks to maintain an appropriate level of contact with the complainants and external agencies; whilst working with the responding divisional teams to compile a response or hold a meeting that effectively addresses the complaint concerns on behalf of the Chief Executive.

This reports outlines the feedback received in the past year and looks forward to further evidencing lessons learned and ensuring that we can truly reflect we have not just listened but heard what are patients are telling us and acting upon it.

1. Activity

Complaint type	2015-2016	2016-2017
Formal Complaint (KO41a)	370	284
Informal to formal complaint	29	32
Informal concern	2418	2091
Formal to informal	29	20
Compliment	441	635
Comment/suggestion/referred on	123	297
MP letter	6	6
TOTAL	3416	3109

In 2016/2017 a total of 3109 referrals were received by the Trust which includes a total of 322 written complaints (KO14a) about care which were received by the Chief Executive. This figure includes 284 written complaints, 6 MP letters and 32 informal to formal converted complaints. There has been an overall reduction of 83 complaints compared to the previous year 2015/2016. Throughout this report 'K041a' written complaints are referred to as 'complaints' and these are managed through the Trust's complaints process and information on these is reported quarterly to the HSCIC (Health and Social Care Information Centre).

3. Complaints

This section details Formal Complaints received during 2016/17.

3.1 Complaints by Division

There were a total of 322 complaints 'Ko41a' received in 2016/2017. This figure includes 284 written complaints, 6 MP letters and 32 informal to formal converted complaints.

- ✓ There has been an overall reduction of 83 complaints compared to the previous year 2015/2016.

The Divisions of Medicine and Long Term Conditions (MLTC) and Surgery generated the greatest number of complaints, accounting for 45% of all complaints received, with Surgery accounting for 32% and Women's Children's and Clinical Support Services (WCCS) 18%.

- ✓ The reduction in the number of written complaints includes a total reduction of 20 complaints for the Emergency Department (from 49 in 2015/2016 to 29 in 2017/2017) and 11 for the Division of Women’s and Children’s (from 51 in 2015/2016 to 40 in 2016/2017) with the most significant reduction in Maternity Theatres/Delivery Suite of 13 less complaints.

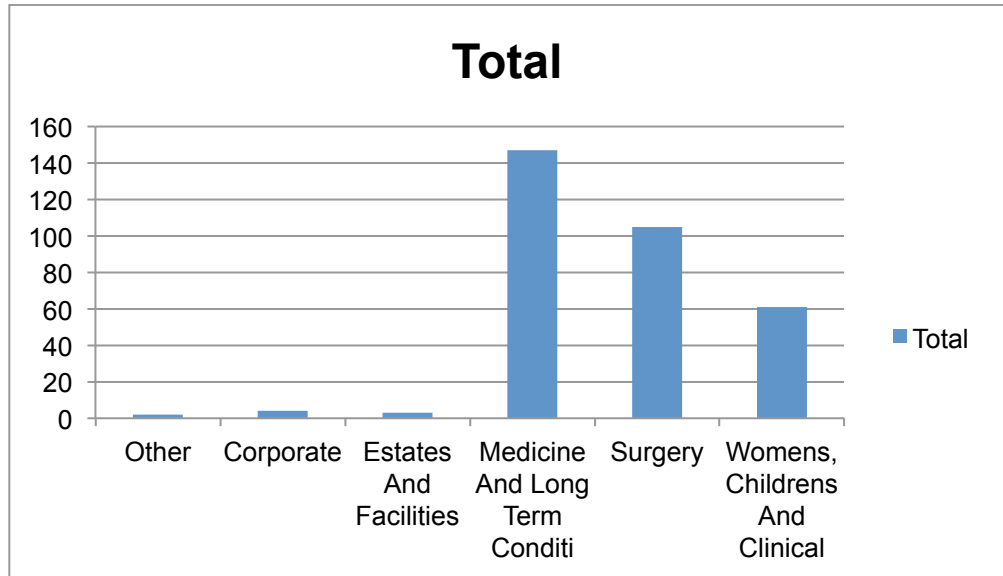


Figure 1 – Complaints by Division

3.2 Complaints by Complaint Category

During 2016/2017, the over-riding theme emerging from formal complaints was ‘clinical care, assessment and treatment’ this accounted for 59% of all complaint categories with the following themes accounting for the majority of the rest, communication, appointments, diagnosis and discharge.

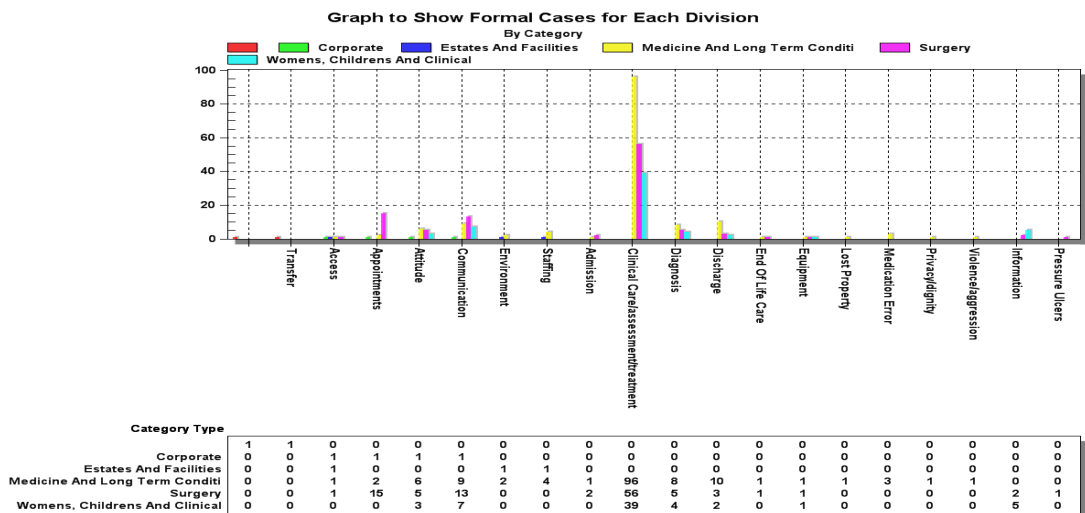


Figure 2 – Complaint by Category

3.3 Complaints per 10,000 spells 2016/2017

Activity	Total
Total formal complaints	322
Elective activity	3422
Non-elective activity	689
Total emergency activity	30,275
Complaints per in-patient activity (10,000 spells)	9.3%

3.4 Complaints by outcome

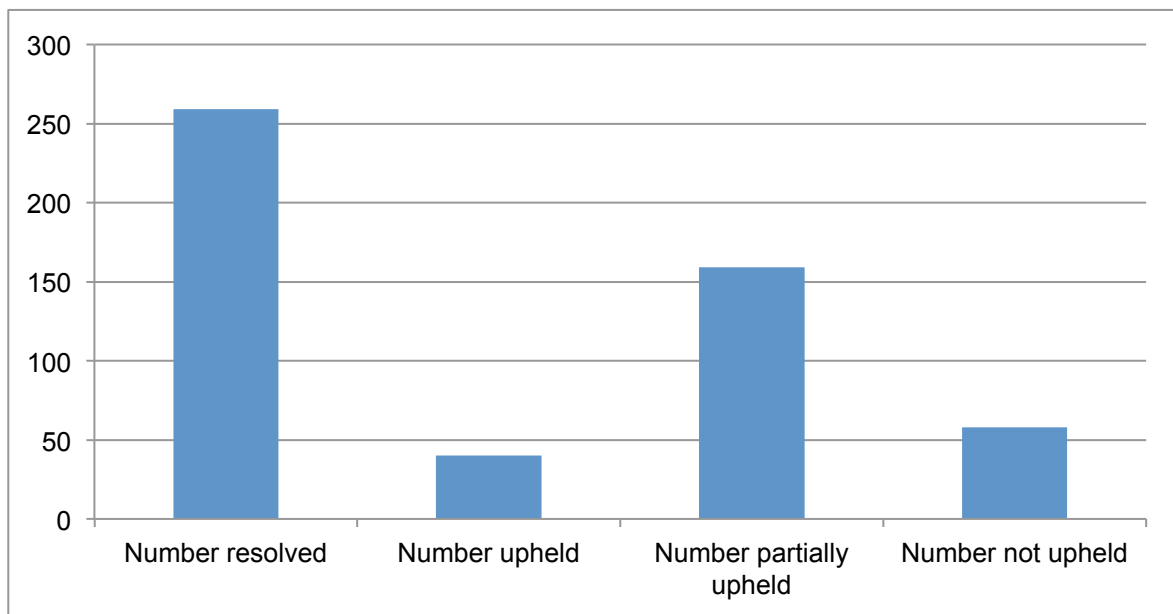


Figure 3. Complaints upheld/not upheld/partially upheld 2016/2017

The above table demonstrates the number of complaints that were upheld. The total number of complaints resolved was 259. 40 were upheld with 58 not upheld.

3.5 Response Times

The previous Trust target was for 70% of all complaints to be completed within 30 working days which had only been achieved on 3 occasions in the previous 12 months 2015/2016 with a mean average score overall of 51%.

In July 2016 the Trust reviewed the complaints process with a particular focus on the timeframe for responding to complaints and quality improvements. Approval for a new timeframe was agreed with local resolution targets identifying a 10, 30 and 45 working day timeframe based on agreement with the complainant and the level of seriousness afforded.

- ✓ The changes implemented in July resulted in a steady improvement with the year- end position of 79% of all written complaints responded to within timeframe

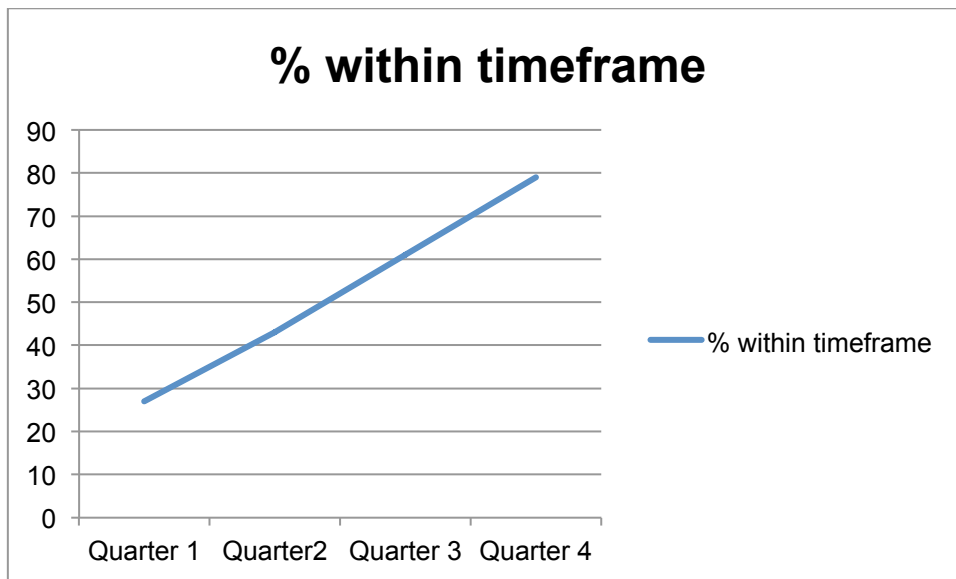


Figure 4 – Complaint local response timeframe

A number of interventions have taken place which it is felt has had a positive effect. Complaints Investigation Training is now in place which has targeted staff that is likely to undertake the role as an investigating officer. In particular this has led to an improvement in quality judged by the reduced number of cases requesting local resolution meetings and an improvement in the number of cases outstanding - 10% of all live complaints.

3.6 Lessons Learned

- ✓ Lessons Learned arising from closed complaints include the availability of "in date" pregnancy test kits in the Haematology Clinic, so that future patients can have their pregnancy testing undertaken prior to the appointment with the Consultant Haematologist. This will enable the blood test and pregnancy test to be undertaken quickly so that the required medication can be dispensed in a timely manner.
- ✓ Following a complaint regarding MRI scan reporting times the service has provided some additional capacity to report MRI scans and the current waiting times are no more than four weeks, which meets our internal standards. Additional reporting sessions continue. The percentage of GP referred MRI scans reported within 4 weeks of scan being performed increased from 39%-95% within the first 6 months of implementation.
- ✓ Following Complaints regarding delays in arranging rheumatology appointments. A supportive collaborative proposal has been developed to address these problems at the request of the CEO's of the newly constituted Black Country Alliance that includes expertise from Sandwell, City and Dudley.

This proposal enabled the joint approach to deliver service resilience and stability enhancing the Rheumatology service by accruing specialised rheumatology consultants and nurses to deliver a high quality service at all three sites. The development has enabled the partnership to share capacity and deliver services in a variety of locations within a timely manner. The new service commenced in October 2016.

- ✓ Following a request from a patient with learning disabilities – an easy read complaints leaflet was designed and developed which is now available across the Trust.

4.0 Parliamentary and Health Service Ombudsman (PHSO) Cases

During 2016/17, a total of 5 cases were referred to the PHSO. 1 case had been referred back to the Trust by the PHSO for local resolution as it was considered to be premature. 3 further cases were closed which were received in the previous year 2015/2016. There are 4 cases open from the past year this figure does include a draft outcome pending comments from staff involved.

Year	Total cases	Upheld	Not Upheld	Partially Upheld
2014/15	7	1	4	2
2015/16	9	1	4	4
2016/17	5	TBD	TBD	1

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

- ✓ Complaint about care and treatment provided in Oct 2015. Alleged Trust gave patient medication that caused an allergic reaction. The Trust did not discuss any allergy risks with the patient nor did it explain what the medication was. Lack of apology was referenced regarding a delayed scan via ED offer of an apology was recommended and actioned with £100 apology in lieu of additional distress via complaint handling.

5.0 Informal Concerns

This section details informal concerns received during 2016/17. There were a total of 2408 informal concerns (including 20 formal to informal conversions and 297 queries/comments/cases referred on). Surgery equated for 40% (968) of the total activity, with MLTC 34% (826) and WCCSS 16% (404).

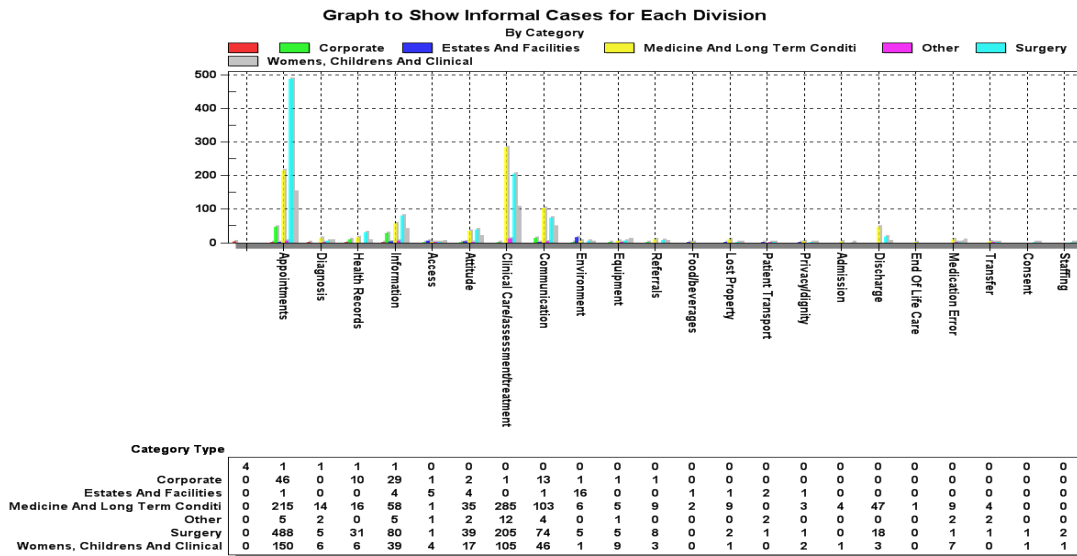


Figure 5 - Informal Concerns by Division & Category

The main themes identified via the number of concerns raised are regarding appointments (906) although this is a reduction of 109 on the previous year, clinical care, assessment and treatment 605 (an increase of 283), communication and information requests. 99 contacts referred to staff attitude.

5.1 Lessons Learned

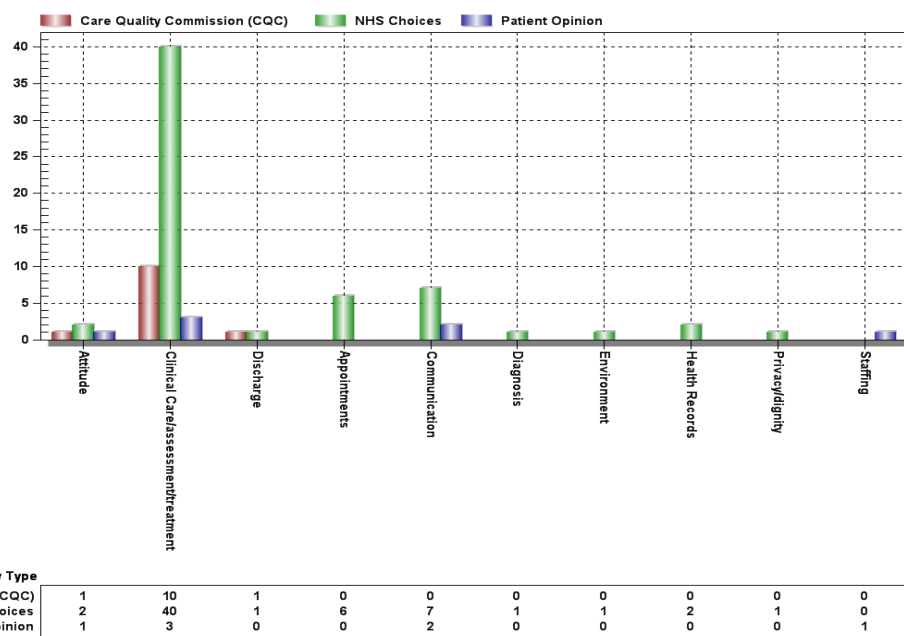
- ✓ Following concerns regarding the therapies telephones not being answered – a voicemail facility has been initiated where a call is returned within 1 working day or there is an option to email staff to book an appointment. Reception staff from other clinical support areas are also providing cover during times of high demand.
- ✓ Following a concern regarding the use of bed stockings, there was no system in place to check they were being worn on some surgical wards. This resulted in a new checklist being developed and used on the surgical wards.
- ✓ Regarding contact with the bereavement service following a concern regarding collection of a death certificate and the booking of time with the bereavement officer the following changes have been implemented. The Trust will be ensuring that family members and carers are aware that they have a choice of the day that they collect the certificate as long as they are aware that there is a legal requirement to register a death within five days. Secondly, that we should not assume that all families or carers would want a longer appointment with the Bereavement Officer and may prefer to collect the certificate from General Office and that there should be a clear choice.

5.2 Patient Opinion/NHS Choices/CQC

Since April 2016 there have been 68 comments made about the Trust via the NHS Choices/Patient Opinion website.

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 some cases we are able to provide a generic comment if the area involved is known. It is difficult to cross reference some of the contact unless they specifically mention that they are calling following a website posting. However we do get complainants contact following a message posting. In all cases the areas involved are still advised of the comment and where it highlights a serious concern this is escalated for review.

In terms of CQC we have 12 patient concerns logged – nine 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.



6.0 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 helps raise 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 feedback for the year is as follows;

6.1 Quality Sub-Group – (summary provided by sub-group lead)

There have been three meetings of the above sub-group.

The group received an overview of how complaints were dealt with and looked at one case as an example. At the following meeting's paperwork for a further 10 complaints was looked at.

What we do in the Group

- Read through the complaint letter and investigation information
- See if final reply letter is appropriate
- Ask if all the complainants questions have been answered
- Is there evidence that resulting changes have been implemented in the hospital

Comments on the process

We felt dealing with a complaint appeared to be a 4 part process:

1. The Complaint is received
2. The complaint is investigated
3. A final reply letter is drafted and sent
4. Changes are implemented

General Observations from reading paperwork

- Doctors need to listen and take on board what patients, relatives and GP's say about a patient's history.
- Doctors also need to take ward nurses views into account.
- Doctors need to use language that patients and relatives can understand, no jargon.
- Appears to be problems with the Lorenzo records keeping system and the Electronic Referral System (ERS, formally 'Choose & Book) but hopefully being sorted.
- Staff shortages (i.e. insufficient Clinical Support Workers – CSW's) also feature in complaints, reassured being addressed through recruitment.

Evidence of implementing lessons learnt

There is a lack of consistency in evidencing lessons are learned. The group will look at this further in the coming year and identify areas of good practice and share this to ensure feedback is robust.

Complaint Satisfaction Questionnaire

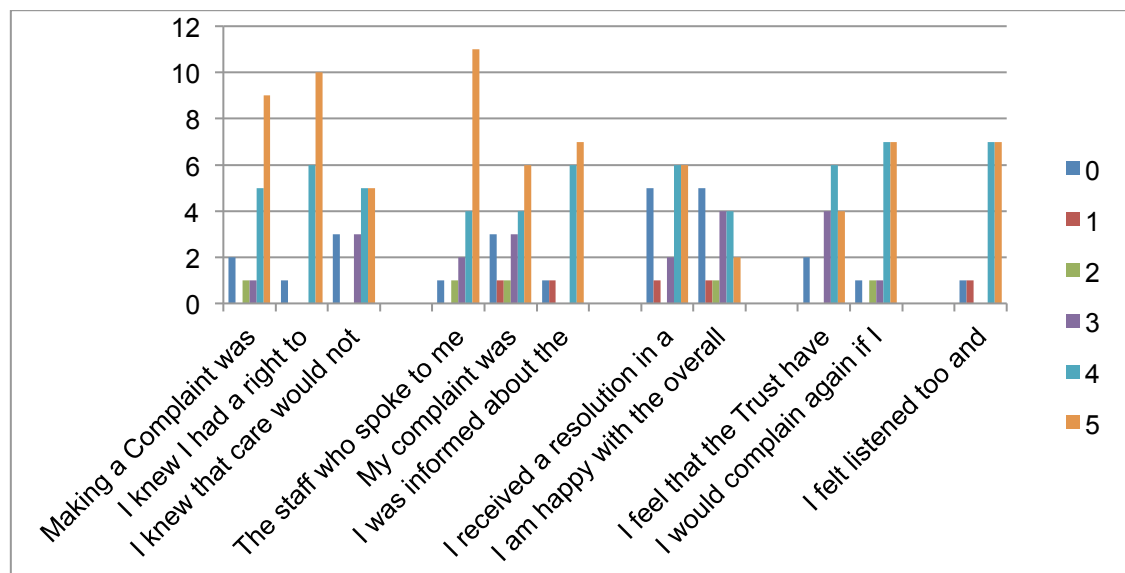
A complaint satisfaction survey is sent out with all final response letters but the return rate is poor.

Since the beginning of quarter 4 the sub group has been conducting telephone interviews to assist in obtaining feedback in order to identify areas of improvement.

The Parliamentary Health Service Ombudsman (PHSO) user-led vision for raising concerns and complaints in health and social care has been embraced by the Trust and 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:



Equality Monitoring

An equality monitoring form is in place for both PALS and formal queries – the form is issued at the point of acknowledgement and the return rate has started to show an improvement.

It is difficult to collate meaningful data at present as the form has only been in use since January however future monitoring information will be reported to both the Complaints Panel and the Patient Experience Group via the quarterly reports.

6.2 Case Review Group (summary provided by sub-group lead)

The review group is led by an experienced former nurse manager who has also been through the complaints process at the Trust. Three reviews have been undertaken in the last year. 1 case being partially upheld, 1 being upheld and 1 not upheld. For each review agreement is first reached with the complainant and then a plan is drawn up as to what will be investigated and how. This usually involves a review of any records, interviews with the investigating officer plus any staff relevant to the case, and any references to guidance is also identified. The complainant is also interviewed and an outcome being sought is asked.

Some of the observations recorded during the process of completing the reviews identified the following;

- Number of communication discrepancies and evidence of poor record keeping. The panel highlights this to the people who are responsible for care and treatment.
- It is apparent that staff do not always communicate clearly with each other. Important information is not passed on particularly between doctors and nurses resulting in confusion for patients and relatives when conflicting messages are given.
- Different doctors tell patients and relatives different things and doctors and nurses say different things to what the doctor said. The relatives are confused and frustrated about mixed messages and they do not know what they should take as factual.
- Patient records are unwieldy and unusable. In all three instances of cases reviewed the notes were huge making it impossible to find the most recent documents.
- In one case a care pathway was out of date relating to two years previously

The group identified remedial action which resulted in the following changes and outcome to each case looked at;

- Injustice payment being awarded for distress and upset (following PHSO guidelines)
- A New care plan drawn up including an opinion from a tertiary centre to assist with this
- Reimbursement of costs following the loss of personal belongings
- The waiting times electronic board reinstated in ED.

7.0 Patient Relations Service Developments and priorities for 2017/2018

We continue to review the way in which we handle complaints when they arrive in the Trust so that we can ensure that we respond to complainants in a timely and appropriate manner. We record and respond to all concerns and complaints irrespective of how they are presented; whether this is in writing, in person, over the telephone or by email.

Complaints made verbally but not successfully resolved within an agreed timescale, and those made in writing or electronically, such as by email, are acknowledged within 3 working days. This will normally be done in writing or via email. Acknowledgements to all concerns are sent by a member of the Patient Relations Team.

Priority 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;

- Quarterly summary to show at least 70% and above adherence to timeliness in responding
- Less than 10% of all live complaints to be overdue/outstanding

Priority 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;

- 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.

Priority 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.

- 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
- To improve collection data by at least 2 in 5 of all written complaints received.

Priority 4

Following the involvement of external organisations in reviewing two complex complaints – in consultation with NHS Resolution to organise a 'learning from experience' conference to focus on the key benefits of using external opinions, acting on recommendations, early resolution to avoid litigation and hearing from our patients. (End of quarter 2)

8.0 Conclusion

The Trust recognises that our patients and service users have a range of experiences when using our services and that we should provide them with a mechanism to feed back to us both positive and negative experiences.

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 endeavours to be responsive, that strives to meet user expectations whilst learning from and improving the patient journey. A one size does not always fit all and the Patient Relations proactive approach to resolution demonstrates a willingness to put the patient at the heart of the process.

Great strides have been made in the last year to embed a revised approach to complaint handling and improve timeliness which is evident from the improvements made. It is however clear that there needs to be further work done in evidencing lessons learned and ensuring these are shared and monitored for effect. The Complaints Monitoring Panel provides a useful quality check to the process and its feedback is both appreciated and valuable.

In the coming year we will seek to develop new ways of promoting the lessons learned and through appreciative improvement demonstrate the successes made.

Garry Perry
Head of Patient Relations
April 2017