

Complaints report 2019-2020

The Trust aims to provide the best possible care and treatment but sometimes despite the best efforts of staff things do not go as planned or expected. In such circumstances, patients and relatives are encouraged to tell a member of staff in the ward or in the clinic as soon as they can to enable their concerns to be responded to as quickly as possible. However, for circumstances where concerns cannot be handled in this way, the Trust has a formal complaints procedure. We know that a high quality complaints handling service is central to ensuring continuous improvement in the quality and safety of care at the Trust.

The Trust invites patients, carers and visitors to contact our PALS (Patient Advice & Liaison Service) for support and advice regarding all services. This approach enables the PALS and complaints team to work together to appropriately manage enquiries and concerns that are raised by our service users. In 2019/20 we recorded 4901 PALS contacts from enquirers seeking advice and information about our services. This was an increase of 5% on last year. Our complaints ethos is built on the Ombudsman's 'Principles for Remedy' that state that complaints resolution should be based on:

- Getting it right first time
- Being customer- focused
- Being open and accountable
- Acting fairly and proportionately
- Putting things right
- Seeking continuous improvement

Numbers of formal complaints received

In 2019/20 the Trust received 644 formal complaints compared to 565 formal complaints received in 2018/19. This represents a 14% increase in complaints received when compared to the previous year.

The Trust encourages feedback from a number of sources including our local partners, colleagues and patients, which may include complaints. Complaints provide valuable feedback for the Trust about the quality of our services and the opportunity to learn from patients' experiences and drive real change in our service provision.

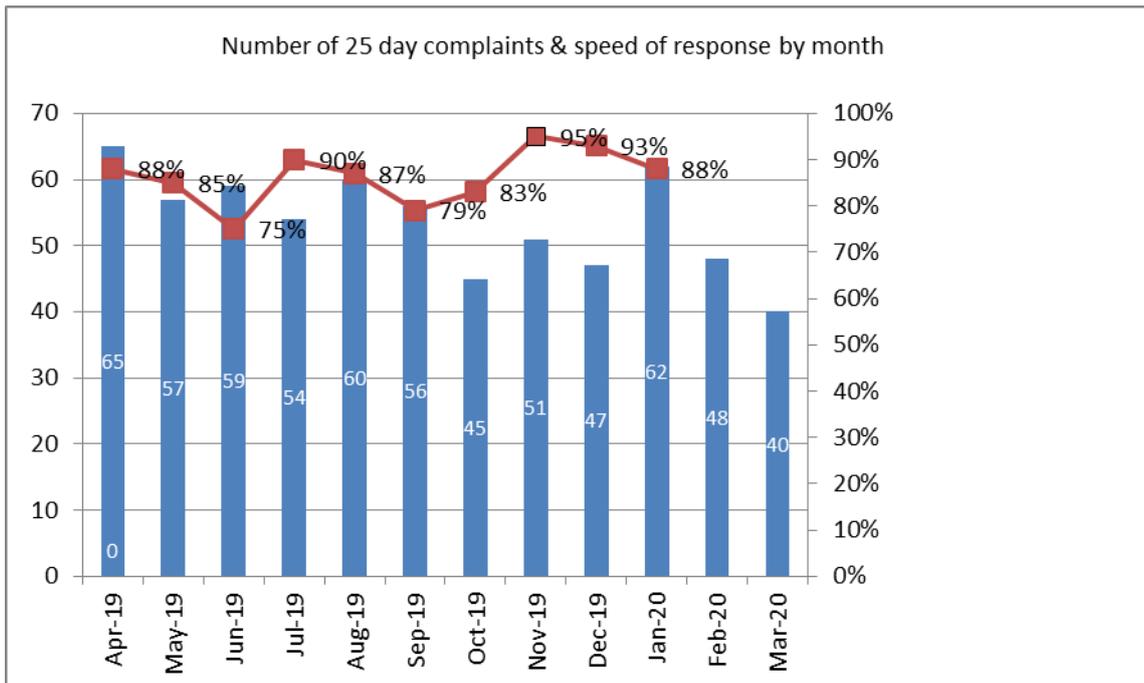
Speed of response

Table 1 below shows the number of formal complaints received each month throughout the reporting period. The Trust has set an internal target of 85% of all category 4 complaints to be

responded to within 25 working days. Category 4 complaints are those that cannot be immediately resolved through the PALS service, do not cross multiple services or other healthcare providers, or require a more complex investigation. The graph below shows our performance during 2019/20. We achieved an average of 86% of complaints responded to within the 25 day time frame at the time of the report date.



Table 1: Formal complaints received each month during 2019/20

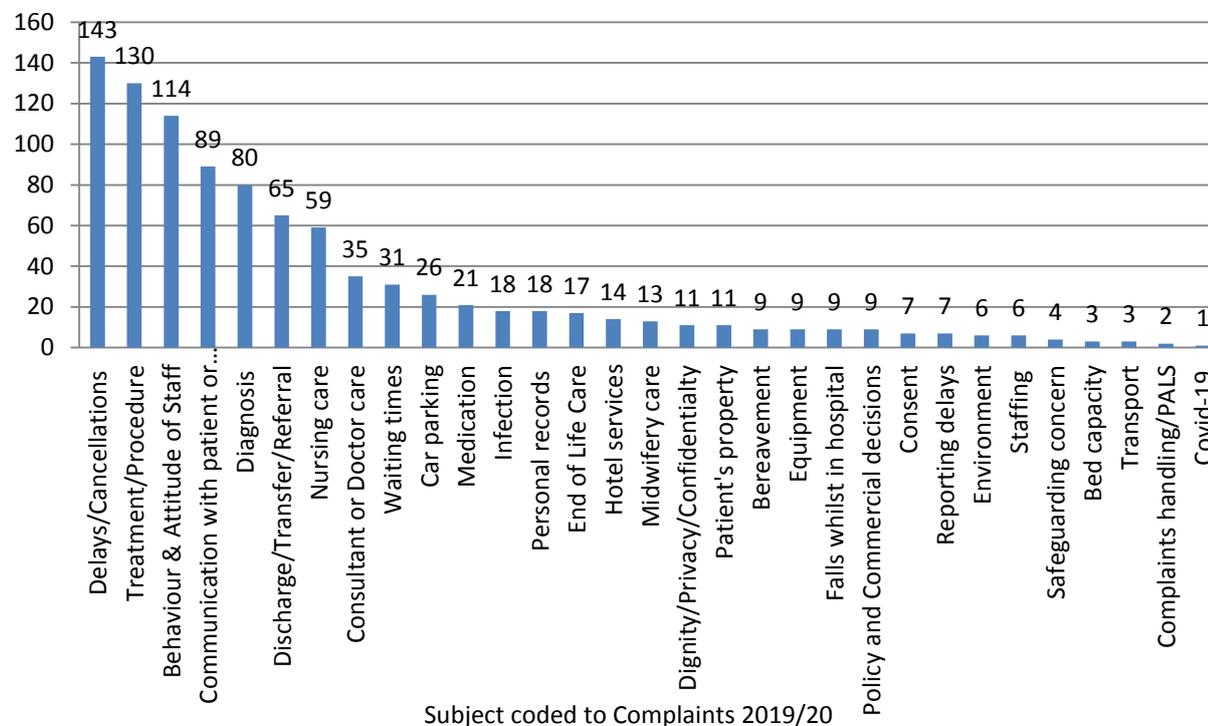


In

March 2020, in response to NHS England (NHSE) advice in the context of Covid-19 pressures on the NHS, the Trust moved all existing cases to a 40-day timeframe and all incoming to a 60-day timeframe. Any concerns raised that affected the immediate safety and quality of care were escalated and responded to with appropriate urgency on a 'local resolution' basis.

Table 2 below illustrates the reasons that people raised formal complaints against the Trust in 2019/20. Delays and cancellations; treatment/procedure and the behaviour and attitude of staff were the most commonly cited themes in complaints for 2019/20.

Table 2: Reasons for formal complaints against the Trust in 2019/20



Parliamentary and Health Service Ombudsman (PHSO) investigations

In 2019/20 there were seven complaints referred to the Parliamentary and Health Service Ombudsman (PHSO). Of the seven cases referred, three were not upheld, two were partly or fully upheld and two are currently being investigated.

Complaints Quality Survey

Every complainant receives a Complaints Quality Survey. The survey is based on the 'User-Led Vision for Raising Concerns and Complaints' published by the PHSO (Parliamentary and Health Service Ombudsman) in November 2014 (see Table 3). The report 'My Expectations for Raising Concerns and Complaints' presented 'I statements', as expressions of what patients and service users might say if their experience was a good one at every stage of the complaints process. The results indicated that we have delivered an accessible service and responded in a way that was easy to understand. It is important to note that all complainants who used the service agreed that it was accessible, timely and that they would complain again if they needed to. The areas for improvement centred on the perception of the Trust's openness within the responses.

Table 3: Complaints Quality Survey results

Q1. I felt that it was easy to make a complaint.	Q2. I felt that my complaint was dealt with within the timeframe agreed in my acknowledgment letter and I was kept informed of any delays.	Q3. I thought that the response was easy to understand.	Q4. I felt my concerns were addressed in an open and honest way.	Q5. I felt my concerns were taken seriously.	Q6. I would complain again if I felt I needed to.	Q7. Overall rating.
87%	81%	87%	72%	76%	96%	7

Learning from complaints

A key component of every complaint investigation is the learning identified to inform improvement. Each complaint has an action plan that is recorded and monitored by the individual clinical divisions.

In 2019/20 we have documented 583 actions (see below) in relation to complaints closed.

Actions taken in 2019/20	Coded
Feedback for specific staff member/s OR teams	216
Staff training or Academic Half Day	58
Process change to be reviewed/plan set or complete	56
Agenda item for governance/quality meeting/team meeting	52
Appointment expedited, made or offer of appointment	46
Complaint shared anonymously with staff	35
Feedback or liaison with another Trust/provider/GP	16
Increase in clinics or service provision	15
Reimbursement or ex-gratia payment or charge cancelled	15
Documentation changed or introduced	13
Team communication sent in writing	10
Equipment/software changed or purchased	9
Policy change or Guidelines reviewed - planned or complete	8
Inter-departmental working/MDT planned	7
Audit requested/to be carried out	6
Care plan change	4
Promote more effective handover / communication	4
Case Study or Patient Story Provided to staff	3
Signage changed or environment upgraded	3
Flag added to patient electronic record	2
Doctor Training / monitoring	2
Re-enforce need for timely escalation (senior nurse, Dr etc.)	1
Invitation for Public and Patient Involvement	1
Promote use of specific assessment tools e.g. falls	1
Total:	583

