

Complaints and Concerns Annual Report 2018/2019

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Executive Summary

North Bristol NHS Trust experienced an increase in complaints in 2018/19 and although this increase was in parallel to an increase in activity, further improvements can be made.

The time taken to respond to a number of complaints is too long, exceeding the agreed response time, in some cases and this will need to be explored further with the Divisions and a recovery plan and weekly tracker system put in place to ensure the established compliance rate is achieved. Although some evidence supports that the quality of complaints responses has improved since the introduction of some training across the Trust, variation continues to exist between some Divisions in terms of clinical engagement.

There is ongoing evidence that improvement in complaints management needs to remain a priority, and the complaints system is regarded by the organisation as a valuable gauge of the patient experience at NBT. There is evidence that complaint responses regularly identify opportunities for individuals, departments and the organisation to learn from complaints. Greater sharing of issues and solutions from complaints has taken place over the last two years but can always be improved.

Although the incidence of reinvestigations and referrals to the PHSO has remained low over the past year, further work is needed to ensure patients are satisfied by the complaints handling process and are given an opportunity to input into how they want their complaint resolved, and to ensure complaints are responded to in a timely manner.

1.0 Purpose

The purpose of this report is to provide an update to the Trust Board on the management of complaints and concerns during year 2018/19.

2.0 Background and Context

NHS constitution clearly sets out the right of patients of patient in relation to raising complaints and the management of them.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/770675/The_Handbook_to_the_NHS_Constitution_-_2019.pdf

As a trust we value all feedback and particularly want to know when someone is not satisfied with the service provided so that we can put things right and learn from the experience of our service users. The Trust will use the principles of this policy to resolve concerns as quickly as possible, demonstrating our Trust values of:



Patient surveys, feedback forms and enquiries/concerns are useful feedback tools about the care and treatment North Bristol NHS Trust (NBT) provides but written complaints give us the clearest message about our services. It is widely recognised that patients are concerned that making a complaint may impact on their treatment and care, so it is important to investigate their concerns and maximise any learning opportunities. We know from thank you letters that whilst this does not affect the complainant's own experience, they are grateful to know that we are keen to learn when we get it wrong: this could be an individual, team or trust level. All formal complaints received have been fully investigated through the Trust's complaints procedure.

3.0 Accountability

The Trust Board has corporate responsibility for the quality of care and the management and monitoring of complaints received by our Trust. The Chief Executive has delegated the responsibility for the management of complaints to the Director of Nursing Quality. The Head of Patient Experience is responsible working with the Patient Experience Manager (Complaints and Concerns) for ensuring:

- All complaints are fully investigated appropriate to the complaint
- All complaints receive a comprehensive written response from the Chief Executive or their nominated deputy in their absence
- Complaints are responded to within local standard response time of 35 days
- Where the timescale cannot be met, an explanation is provided and an extension agreed
- When a complaint is referred to the PHSO, all enquiries are responded to promptly and openly.

The Heads of Nursing within the Division hold the Divisional responsibility for the management of the above process. The response resolution and seeking to learning from complaints and concerns remain everyone's business.

4.0 Activity

This year the overall the number of formal complaints in 2018/19 was 723 a significant increase from the annual number of 592 in year 2017/18. The increase is against a backdrop of increased patient and outpatient activity

Whenever a complaint is managed through the formal complaints process, the Trust and the complainant agree a timescale within which we will investigate the complaint and write to the complainant with, or arrange a meeting to discuss, our findings. The timescale is agreed with the complainant upon receipt of the complaint and is usually 35 working days.

The number of overdue complaints in year 2018/19 varied considerably month on month, fluctuating between a figure of 10 and 41 overdue cases a month. This indicated the need for a tracking system or weekly overdue report and whilst there has been concerted efforts made to decrease the number of overdue complaints by the Divisions, this is a key area of focus for 2019/20.

During Quarter 4 a key performance indicator was set that a requirement of 85% of complaints are responded to within the agreed time frame (agreed with Commissioners as part of the quality contract). This performance indicator gives a more reliable picture of performance. The average monthly completion rates have varied between 53% and 76% (March 2019). Recovery plans were developed with Divisions to improve setting trajectories to meet the required targets.

There is regulatory requirement for all NHS Complaints, to acknowledge them within three working days. This has been only been missed on one occasion by the Advice and Complaints Team (ACT).

The number of compliments received appeared to decrease during 2018/19 however an audit of this suggests that this is as a result of the way that compliments are currently recorded as opposed to an indication that patient experience is less satisfactory. As part of an improvement plan to be rolled out throughout 2019/20, the way in which the Trust receives and records compliments will be reviewed.

Comparison of activity levels 2016 – 2019 Activity levels 2018/19

Type	2016/17	2017/18	2018/19	Commentary
Compliments	9,065	9,440	7704	The data reflects just a proportion of the significant number of received across the Trust. The number of complaints has increased by 18% from 2017/18. The PALS service which commenced in February 2019 is enabling enquires, concerns complaints to be addressed more quickly and to the satisfaction of the 'customer.' The full impact will be seen over the coming year.
Complaints	654	592	723	
Concerns	1,394	800	744	
Enquiries	7,059	8,878	5729	
Response Time (within timescale)	77%	67%	59%	A programme of improvement work is expected to deliver significant progress in the timeliness of our response to those who have raised a complaint.

5.0 Themes

The table below provides an overview of the themes of the types of issues raised in complaints in 2018/19. This is of course subjective and is dependent on the view of the person entering the information. Further work will be undertaken with staff to increase alignment and conformity.

Themes of subject matters arising from complaints 2018/19		
Subject	Number of times recorded	% of total
All aspects of care and treatment	340	35%
Communication	242	24%
Attitude of staff	106	11%
Admission/ Discharge/ Transfer	78	11%
Delay/ cancellation of OP episode	78	8%
Other	131	14%

Clinical complaints may have their root in administrative errors, e.g. not booking a follow up appointment or sending letters to incorrect addresses. Many of the complaints about clinical care such as drug errors, on investigation show no failings in actual care but do indicate communication could be improved. For example : when medication has been changed, patient's or their relatives may not have had adequate explanation and may feel that doses have been missed by accident or too much of a drug has been given, when they have been omitted or increased deliberately as part of the treatment plan. As part of an improvement

plan to be rolled out in year 2019/20, a review of Datix recording and reports will be carried out in order to ensure greater analysis at theme level and greater sharing of learning throughout divisions at both specialty and ward level.

6.0 Cases referred to the Parliamentary Health Service Ombudsman (PHSO) 2018/19

The Ombudsman’s role is to make final decisions on complaints that have not been resolved locally by the NHS in England. The Ombudsman looks at complaints where someone believes there has been injustice or hardship because an organisation has not acted properly or has given a poor service and not put things right. The Ombudsman can recommend that organisations provide explanations, apologies and financial remedies to service-users, as well as that they take action to improve services.

The number of complaints referred to the PHSO in 2018/19 was three showing a continuing decrease) see table below

Year	Number of cases referred by complainants to the PHSO	Number of cases upheld
2016/17	18	0
2017/18	9	1
2018/19	3	1

One referral is was awaiting outcome at the time of this report

Recommendation made by the PHSO in the upheld complaint

Recommendation 1

Ensure all wounds are fully documented in a wound care plan, in line with national guidance.

Outcome

New wound care plan has been implemented since patient’s admission

Recommendation 2

Ensure the Trust uses an End of Life plan to document all nursing assessments and interventions.

Outcome

New End of Life documentation implemented and quality improvement project implemented in April 2018. The project is known as the ‘Purple Butterfly Project’ was recognised by the Health Service Journal Awards

Recommendation 3

Join Health Education England quality improvement initiative to improve mouth care in acute trusts and roll out across all wards.

Outcome

The mouth care initiative has been joined and the last teaching session is being held in April 2019. Following the completion of this it will be rolled out across all wards.

7.0 NHS Choices Website Feedback

Our current rating from feedback to NHS Choices is 4.5 out of 5. All postings are responded to and people are encouraged to contact NBT through ACT or PALS going forward, to address poor experience. All are shared with the applicable wards, department or team. Many postings are very complimentary.

8.0 Audit of Complaints by the Patient Complaints Review Panel

The Patient Complaints Review Panel continues to provide important feedback on the quality of the complaints and the process. This process allows patient representatives, who have been trained in reviewing anonymised complaints against the *Patient Association Good Practice Standards for NHS Complaints Handling (2013)*, to give feedback for incorporation into the ongoing complaints improvement plan.

The panel continues to meet every two months and from their reviews, a number of recommendations were made, to include:

- The need to improve complaint response times significantly, and to limit the time for the second date.
- Proof reading of response letters to remove typographical errors and ensure a balanced tone that is person centred.
- Ensure the apologies offered are written in a way that reflect the genuine sincerity that is meant

These recommendations, and those of the previous year, have been incorporated into the review and an update of the Complaints Policy and Procedure.

9.0 Service Improvements implemented in 2018/19

Datix: During the year a new Risk Management Software system (Datix) was implemented which contains a module to record patient feedback of complaints, concerns and enquiries. There has been further work undertaken to streamline processes and systems. This has been undertaken in the later part of the year by the Head of Patient Experience with the Complaints Coordinators from all Divisions. This has helped to give greater clarity to roles and responsibilities of staff and to make the process more people centred by calling the person raising the complaint to seek greater understanding of the matters they have raised and to resolve these as quickly as possible. This may be outside of the of the formal complaint process if the person is satisfied with this approach.

The need to improve the handling and managements of complaints has feature in CQC inspection reports and in 2018 was a key project with the trust wide Clinical Governance Improvement Programme 2018-2019;The purpose of this project was

To set and simplify the handling of complaints and concerns at NBT ensuring that

- patients' enquiries, concerns and complaints are handled accurately and timely by the correct persons,
- a person focused approach is central to all processes
- the person raising the their matters of concern or dissatisfaction is heard and responded to
- that learning is evidenced and shared

Working with staff handling complaints and concerns the following was achieved:

- Clarification of the complaints process and relationship between corporate team and divisional staff, so that expectations are clear and support can be accessed, when needed.
- Review of capacity within the central complaints team and within divisions to deliver a person centred responsive service.
- Setting expectations and giving clarity of the roles of all staff, including medical staff,
- Review of mechanisms for evaluating the quality of complaints investigations and responses (this relates to the.
- An options appraisal for the re-instigation of a PALS service within NBT. A pilot of PALS was commenced in February 2019
- Clarification of the training requirements for all staff
- Establish key performance indicators (KPI) on the management of complaints and concerns.

10.0 Pilot of Patient Advice and Liaison Service (PALS)

PALS was reintroduced as service for patients in February 2019. This has been already proved successful in a speedy resolution of patients concerns before they escalate. The top themes have included cancelled appointments/surgery, clinical care, discharge, lost property and communication. Feedback from patients and staff has been very positive and we are starting to roll out training on early resolution to all areas. All concerns are acknowledged within one working day with 82% being resolved within 3 working days and requiring no further action. This proactive response is starting to show a decrease in the number of formal complaints where some patients feel confident that their issue has been resolved fully without the need for them to proceed formally.

11.0 Learning from Complaints

The learning from complaints includes the following:

- Content of Outpatient letters (feeding into the Outpatient Service Improvement Programme).
- Developing a consistent means of sharing specific information that is crucial to a patient's wellbeing.
- Enhancing knowledge of staff in adjustments in communication required for people with Learning Disabilities and or Autism in ED (this is being taken forward across the Trust).
- Setting up a quiet, less stimulating environment in ED for patients that need this.
- Reinforcing the message to staff of the importance of explaining to patients the process and purpose of any examination, care or treatment and gaining their agreement. This has been emphasised with the revised Consent Policy.
- Ward 27b improved information in the ward leaflet by adding more information on individualised care needs and discharge.

12.0 Training

Training on the investigation of complaints and response letter writing was provided throughout the year in partnership with the Patients Association. The approach was one of application of learning during the session. This evaluated extremely well with ongoing demand from staff.

13.0 Next steps:

During 2019 we will:

- Establish a permanent Patient Advice and Liaison Service.
- Continue to work with Divisions implementing the revised processes and roles and responsibilities.
- Rollout refined Datix recording templates.
- Improve recording of data in Datix by all staff across the Trust.
- Increased resourcing into the Complaints team and a re-branding as 'Patient Experience Team' in line with national direction and standards.
- Develop a performance dashboard for ease of monitoring and reporting for Executive Directors, Divisional Teams and central teams expanding to others where possible.
- Ensure actions are completed with evidence recorded in Datix and learning is shared.
- Implement a full recovery plan and weekly tracking system to ensure the backlog of overdue complaints is reduced to 0 and that the compliance rate is improved. The trajectory for improvement in compliance is as below:

June	25	60% compliance
July	20	70% compliance
August	10	80% compliance
September	5	90% compliance
October	0 – maintain target	100% compliance
November	0 – maintain target	100% compliance

- Undertake a full review of the current complaints process and create a new and updated policy of the management of complaints and concerns and a clear standard operating procedure to support this. This will standardise the process and ensure higher quality responses and greater accountability and ensure all NBT staff are aware of their role in ensuring that patients and service users have a positive experience whilst using the Trusts services.
- Establish ongoing administrative support and facilitation for the Complaints Lay Review Panel.
- Update training content & systems for all aspects of the Complaints process including:
 - Datix training
 - Investigation/Root Cause Analysis Training
 - Writing formal letter responses
 - De-escalation of concerns and local resolution