| Report To: | Patient & Carer Experience Committee | | Item | |
|---|---|---|---|---|
| Date of Meeting: | 16 September 2020 | | | |
| Report Title: | Complaints and Concerns Annual Report 2019/20 | | | |
| Report Author & Job Title | Emily Ayling, Patient Experience Manager | | | |
| Executive/Non-executive Sponsor (presenting) | Gill Brook, Head of Patient Experience <br> Helen Blanchard, Head of Nursing and Quality | | | |
| Purpose: | Approval | Discussion | To Receive for Information | |
| | x | | X | |
| Recommendation: | Not Applicable | | | |
| Report History: | Annual Complaints and Concerns Report 2019 /20. Received at the Patient Experience Group on 18 August 2020 | | | |
| Next Steps: | To be received by Trust Board in September 2020 | | | |

| Executive Summary |
|---|
| The number of complaints received by North Bristol NHS Trust fell in 2019/20. |
| Whilst the number of complaints received fell, the number of concerns received increased. This likely reflects the further embedding and increased awareness of the Patient Advice and Liaison Service (PALS). |
| Over the past year our responsiveness to complaints has improved. The number of overdue complaints has fallen to below 5 and remains consistently lower than last year. Compliance with the agreed response time frame has also improved to 80%. |
| Whilst in 2019/20 the number of PHSO investigations that took place fell, the number of referrals to the PHSO remained high. Similarly, the number of re-opened complaints received by the Trust remains high, demonstrating the ongoing need to address quality of complaint investigations and responses to ensure a thorough response the first time around. |
| The majority of complaints were regarding 'clinical care and treatment' whilst the majority of concerns were regarding 'access to service-clinical'. |
| The majority of complaints are upheld or partially upheld which highlights the opportunity for learning and improvements from complaints. This report presents some learning and improvements that have occurred as a result of complaints received in 2019/20 but it is recognised that greater work needs to be done to create a robust, consistent process for this across the Trust. |

| Strategic Theme/Corporate Objective Links | 1. **Provider of high quality patient care** <br> 2. **Developing Healthcare for the future** <br> 3. **An anchor in our community** |
|---|---|
| Board Assurance Framework/Trust Risk Register Links | |

| Other Standard Reference | Not applicable |
|---|---|
| **Financial implications** | Not applicable |
| **Other Resource Implications** | Not applicable |
| **Legal Implications including Equality, Diversity and Inclusion Assessment** | The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 |
| **Appendices:** | None |

# Contents

# 1. Purpose

This report summarises the complaints received from patients, carers and patient representatives during the period 1st April 2019 to 31st March 2020. This report covers feedback from complaints and concerns received by North Bristol NHS Trust.

# 2. Background

The NHS constitution clearly sets out the rights of patients in relation to raising complaints and expectations on how these should be managed.  As a Trust we take this duty very seriously. We want to know when someone is unhappy with the treatment or service they have received. This means we can put things right and learn from the experience of our service users.

# 3. Summary

### 3.1 Activity levels

Table 1 shows the activity level for each type of feedback received in 19/20.

| Type | 2016/17 | 2017/18 | 2018/19 | 2019/20 |
|------|---------|---------|---------|---------|
| Complaints | 654 | 592 | 723 | 626 |
| Compliments | 9,065 | 9,440 | 7,704 | 8,072 |
| Concerns | 1,394 | 800 | 744 | 1,087 |
| Enquiries | | | 280 | 188 |
| Response Time (within timescale) | 77% | 67% | 59% | 80% |

In 19/20, 626 formal complaints were received by North Bristol NHS Trust. The number of complaints received by the Trust has fallen by 13% between 18/19 and 19/20.

Whilst the number of formal complaints has fallen, the number of PALS concerns has increased significantly in 2019/20.

The fall in the number of formal complaints is likely to be due to the introduction and embedding of the Patient Advice and Liaison Service (PALS). PALS, which was introduced in February 2019, is able to help resolve concerns and issues informally. This is often the first port of call for complainants and issues may be resolved at this stage without need for escalation to a formal complaint.

The increase in concerns and respective decrease in the number of formal complaints has minimised the administrative burden for teams. Most importantly however, it has benefited

complainants. The new approach ensures that complainant's concerns are responded to in the most responsive manner.

# 4. Complaints Overview

### 4.1  Complaints by Division

Chart 1 shows that the majority of complaints received in 2019/20 were received by ASCR (186), closely followed by Medicine (182) and NMSK (122).  These are the three largest divisions and they see the largest number of patients so this is expected. This is also consistent with previous years.
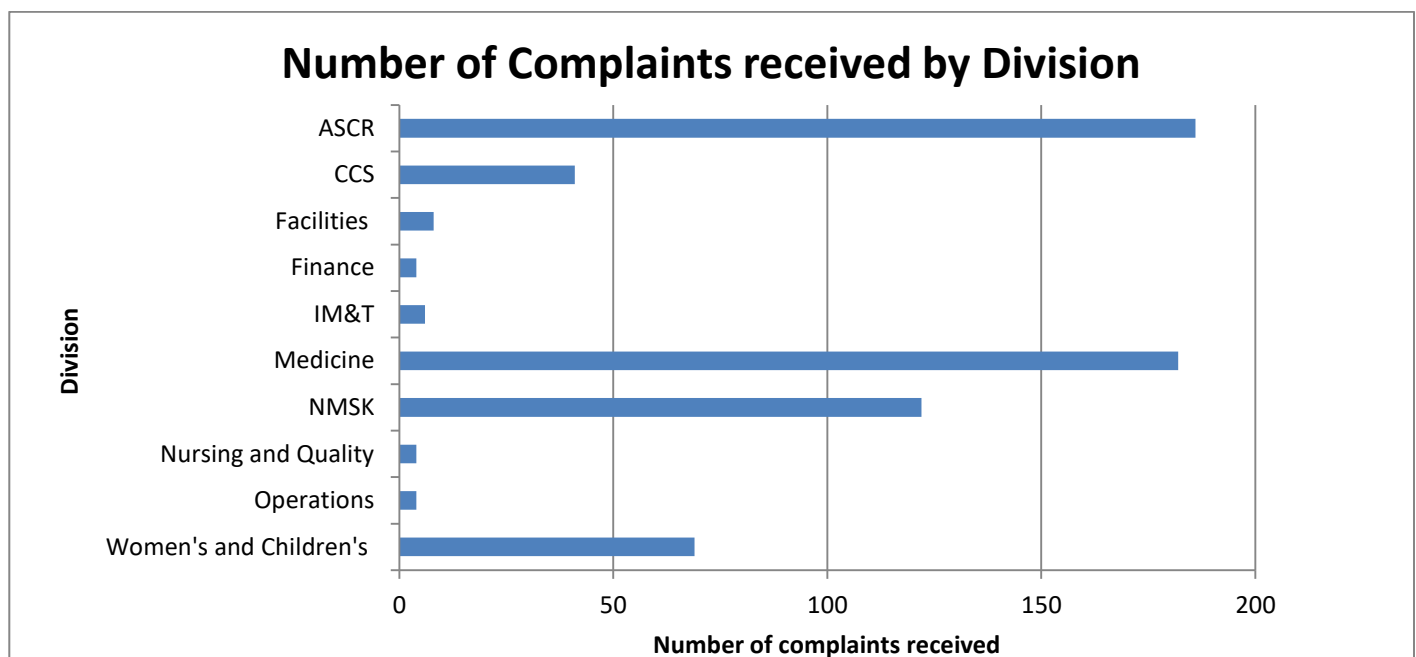
**Number of Complaints received by Division**



**Chart 1**

### 4.2  Complaints by Subject

Chart 2 shows that the majority of complaints received in 2019/20 were regarding 'Clinical Care and Treatment'. Over 50% of complaints received were regarding this subject. This is consistent with the previous reporting year 2018/19.

In February 2020, a deep dive was undertaken to review the type of complaints being logged under the subject 'Clinical Care and Treatment'. This identified that the Datix subjects were too broad with too many 'sub-subjects'. Recommendations were made to review and streamline the subjects and sub-subjects to reduce the number of options. This will enable us to have a better understanding of the key themes in complaints.

Currently this work is on pause as there is indication from NHSI within the new National Patient Safety Strategy document that they wish to '*align data on incidents, complaints and claims, supporting development of a shared taxonomy that will enable analysis across databases.*

## Number of complaints by Subject
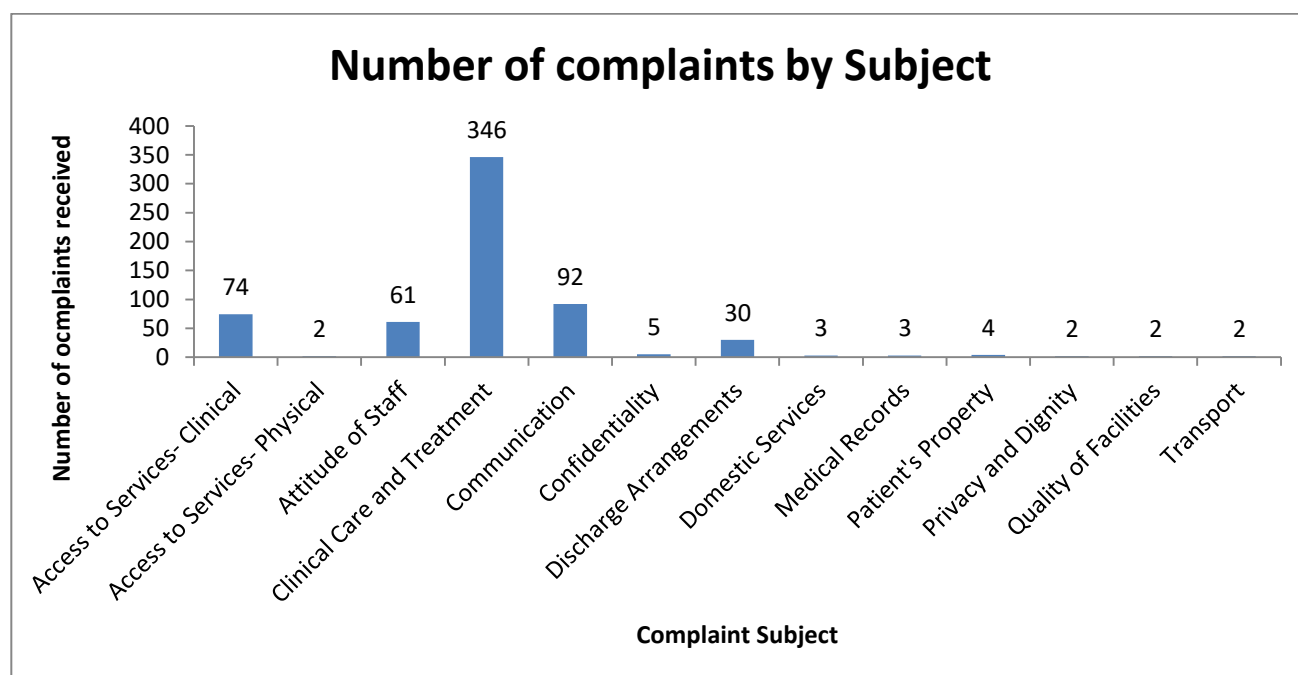


Chart 2

### 4.3 Complaint by Outcomes

Chart 3 shows that the majority of complaints (85%) received in 2019/20 were either upheld or partially upheld.

We are required to report on the status of complaint resolution to NHS Digital when reporting the KO41a. The definitions given by NHS Digital are included below. Please note the interpretation of these definitions will vary according to each person's judgment. This designation is made following the investigation.

Upheld: If substantive evidence is found to support the complaint, then the complaint should be recorded as upheld.

Not upheld: If there is no evidence to support any aspects of a complaint made, the complaint should be recorded as not upheld.

Partially upheld: If a complaint is made about several issues and one or more, but not all, are upheld then the complaint should be recorded as partially upheld.
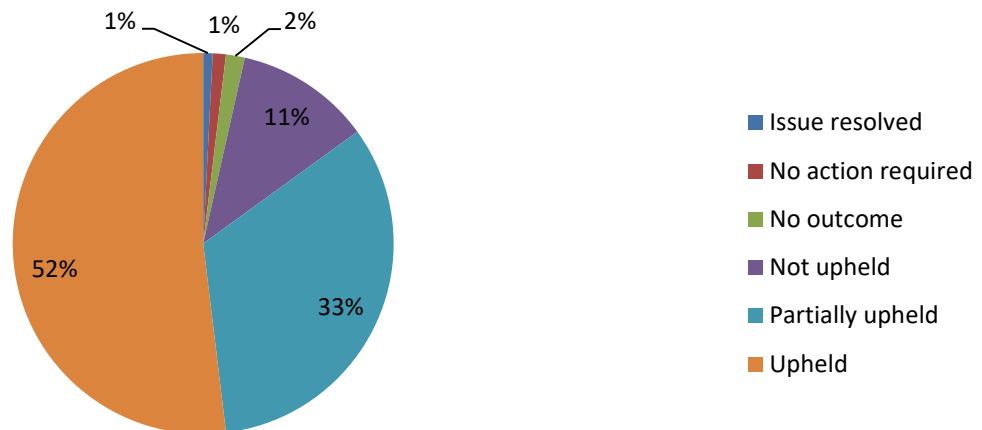
## Complaints by Outcome



Legend:
- Issue resolved
- No action required
- No outcome
- Not upheld
- Partially upheld
- Upheld

1% 1% 2%
11%
33%
52%

**Chart 3**

# 5. Complaints: monitoring and compliance

### 5.1 Reopened Complaints by Division

In total 90 re-opened complaints were received in 2019/20. Chart 4 shows how many re-opened complaints were received by division. A deep dive was undertaken is ASCR to understand the high number of reopened complaints which was largely due to outstanding questions or issues not answered.

One of the objectives for the Complaints team in 2020/21 is to improve the quality of complaint responses, as a result of this we expect to see the number if re-opened complaints fall next year.

## Number of Re-opened Complaints by Division



X-axis: Number of re-opened complaints
Y-axis: Division
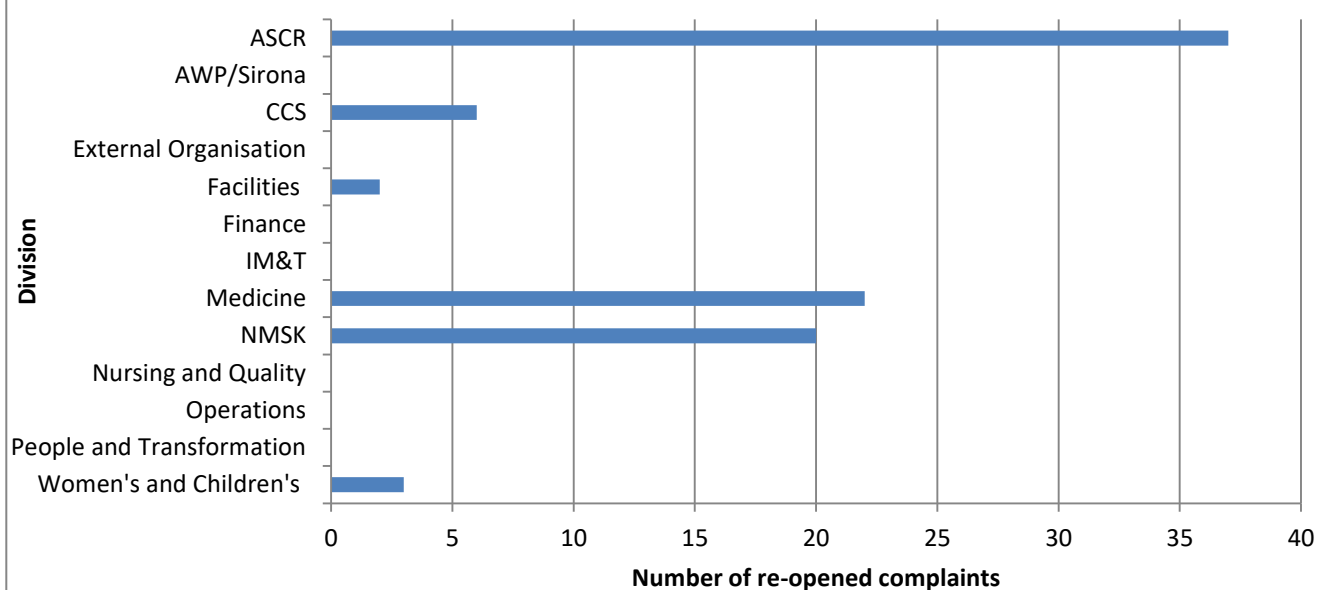
### 5.2 Overdue Complaints

Last year it was identified that the number of overdue complaints each month was high and action was required to address this.

A weekly tracking system was introduced and each division now receives a weekly overdue report which informs them on a RAG rating system (red, amber and green) when their complaints are due and whether these are at risk of becoming overdue. This should prompt the division to finalise their complaint response or to contact the complainant and agree an extension.

The reports have been well received and the impact has been that the number of overdue complaints has fallen considerably in each quarter as shown in chart 5 below.
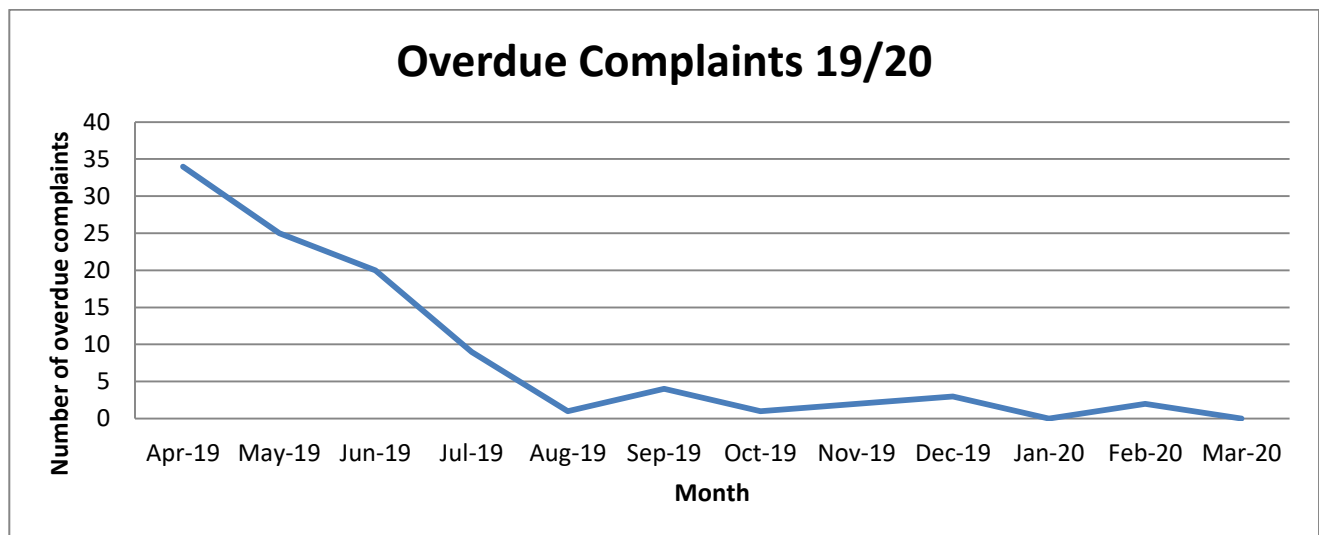
**Overdue Complaints 19/20**

**Chart 5**

### 5.3 Response Rate Compliance

In Quarter 4, 2018/19 a key performance indicator was set that 85% of complaints are responded to within the agreed time frame. Chart 6 demonstrates sustained improvement in responding to complaints within agreed timescales.

Whilst this improvement is commendable, the average compliance rate has been 79.8% for 2019/20 so there is still work to be done to meet the 85% target consistently.
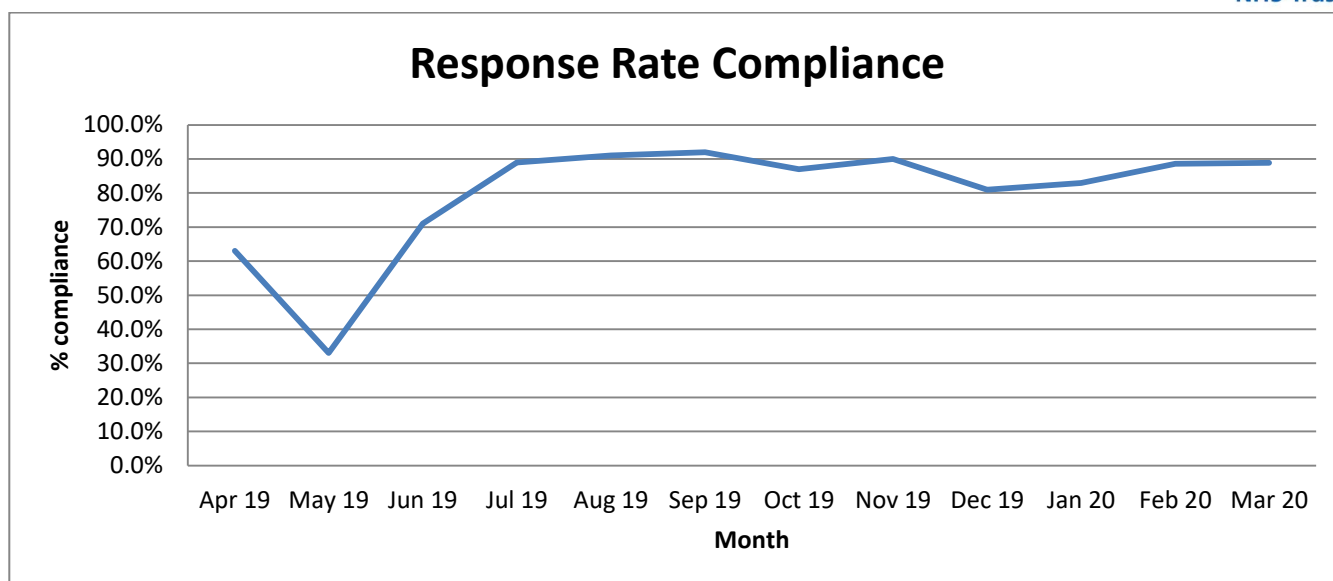
## Response Rate Compliance



**Chart 6**

### 5.4 Acknowledgement of complaints

There is regulatory requirement that all NHS Complaints are acknowledged within three working days. In 2019/20 we have been 100% compliant with this standard.

### 5.5 Parliamentary and Health Service Ombudsman (PHSO) investigations

The table below shows the number of complaint cases that were investigated by the PHSO. The PHSO accepted 3 cases for investigation in 2019/20. Of these none of the cases were upheld or partly upheld. This demonstrates a continued improvement in the handling of complaint by North Bristol Trust.

| Year | Number of cases accepted for investigation by the PHSO | Number of cases upheld or partly upheld |
|---|---|---|
| **2016/17** | 18 | 7 |
| **2017/18** | 10 | 7 |
| **2018/19** | 5 | 2 |
| **2019/20** | 3 | 0 |

**Table 2**

# 6. Concerns

### 6.1 Concerns by division

Chart 7 shows the number of concerns received by each division in 2019/20. As is demonstrated in the breakdown of complaints by division, the largest three divisions received the most concerns. ASCR received 334 concerns, NMSK received 284 and Medicine received 210.
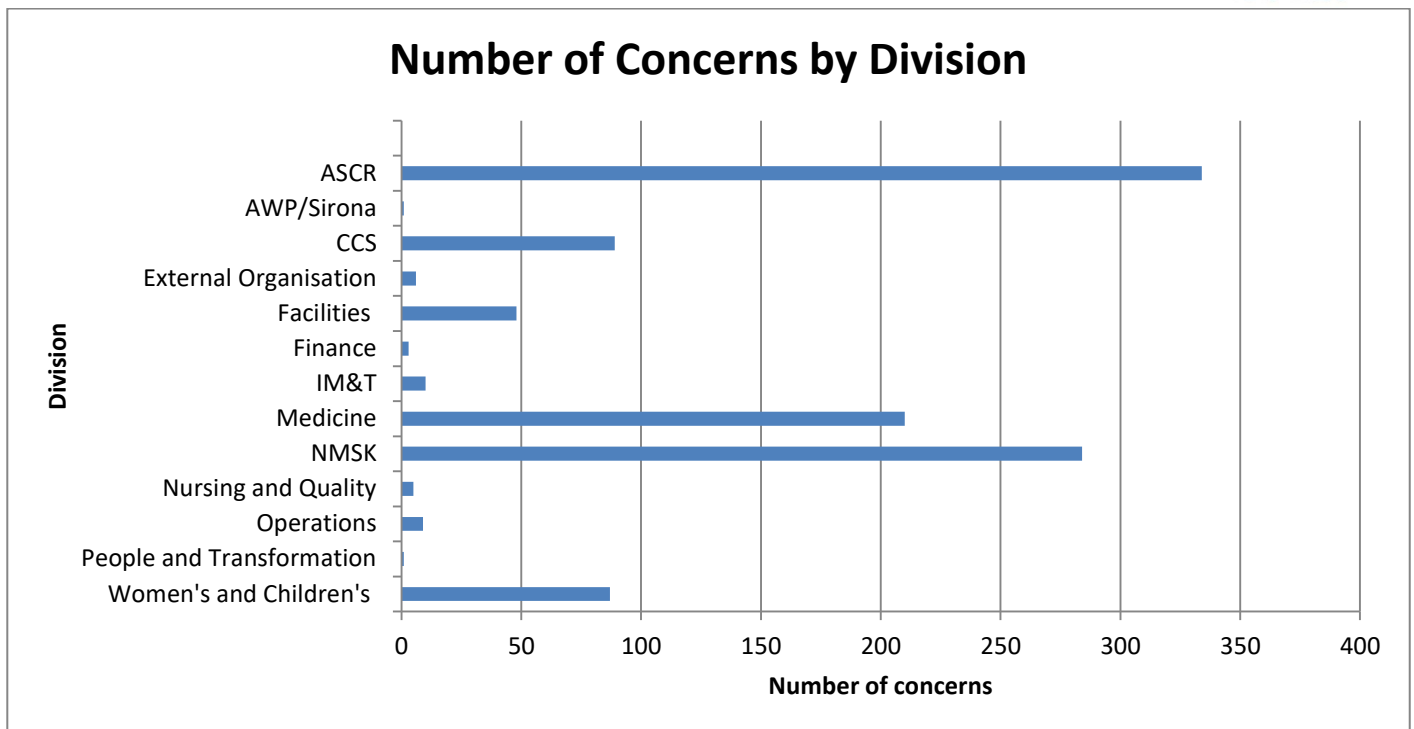
## Number of Concerns by Division



**Chart 7**

### 6.2 Concerns by subject

Chart 8 shows that the most common subject for concerns received in 2019/20 was 'Access to Services- Clinical'.

There is a difference in the most common subject for concerns when compared with the most common subject for complaints. This demonstrates the informal nature of concerns compared to complaints. Concerns can often be resolved quickly without the need for significant investigation for example cancelled appointments or wait times for surgery.
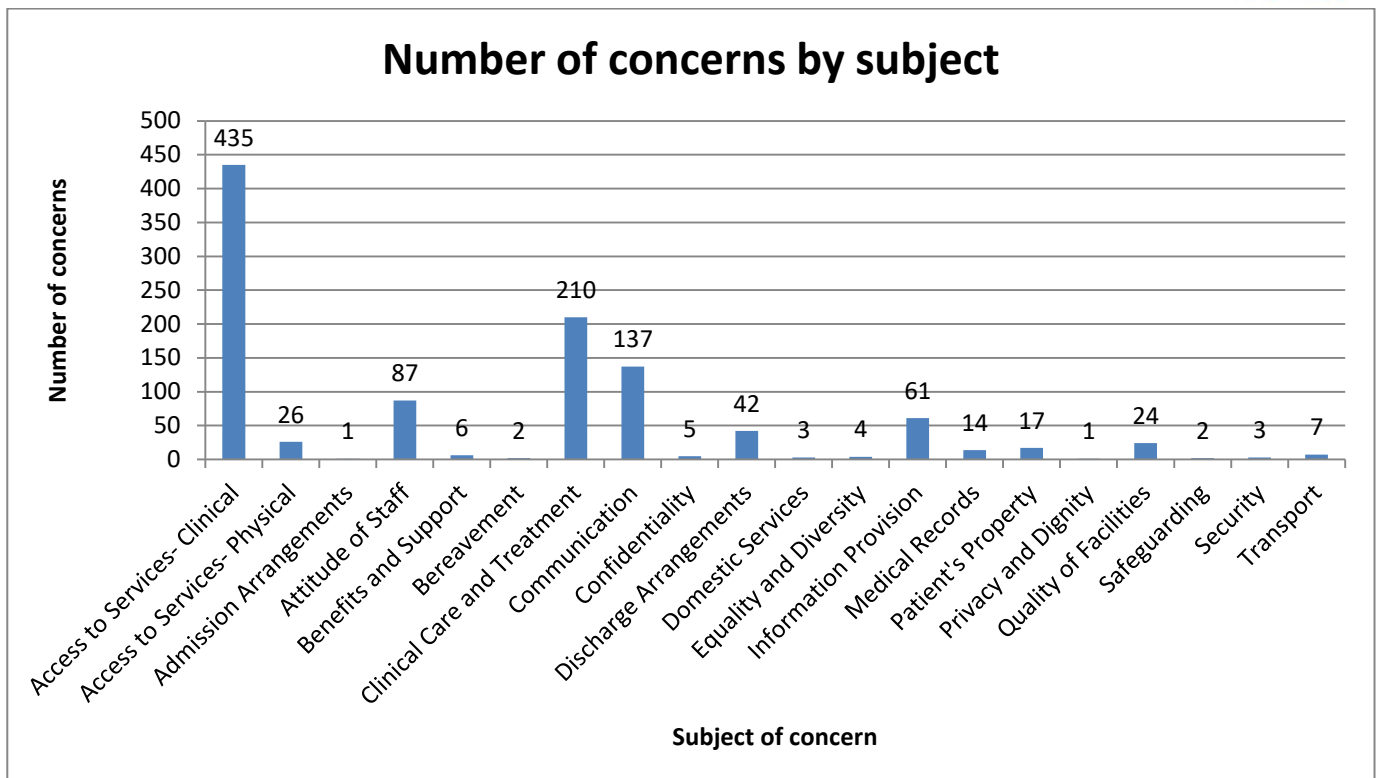
**Number of concerns by subject**

# 7. MP Enquiries

In 2019/20, 7 MP enquiries were received. These are triaged upon receipt to determine the most appropriate process for managing these. If the issues can be investigated quickly the PALS concerns process is likely to be followed in order to resolve these efficiently. On occasion it is more appropriate to manage these through the complaints process with a longer formal investigation.

# 8. Compliments

In 2019/20, 8,072 compliments were received. This is a 13% increase on the number of compliments received the previous year. Similarly to complaints and concerns, the majority of compliments were received by the largest three divisions. ASCR received 2,658, NMSK received 2,099 and Medicine received 1,914.

It was noted in last year's annual complaints report that the way in which compliments are recorded needed to be reviewed and improved. This work has been scheduled for Q1 of 2020/21.

# 9. Learning and Improvements

### 9.1 PALS

Throughout 2019/20, the service has continued to grow and has staff to support people with resolving their concerns and issues quickly. PALS has improved the accessibility of raising concerns in the hospital with a 'drop in' office where patients, carers or family members can walk in and speak to someone about their experience. This has benefited complainants by providing a faster, less formal route to resolve their concerns.

**Patient Story from PALS:**

*PALS were contacted by a patient's daughter (PD) regarding her mother's (M) treatment.*

*M was brought into Southmead via ambulance with suspected heart attack.  M was assessed and informed it was not a heart attack but she had probable liver metastases, and needed an urgent CT scan to discover where the primary cancer was located. PD said M was sent home with no information or pain management plan, and told to wait for a phone call.*

*Time passed and PD called to chase a date for M's CT scan. She was told there was an IT problem which meant the request had not been received and M was not on the list. PD felt that whilst staff had been trying their best, communication was very poor and they were not given sufficient information.*

*PD asked PALS to help her and M navigate the hospital system to understand what was happening and the best way forward to get a speedy diagnosis for M and the pain relief she needed.*

*The PALS officer arranged for the speciality team to contact PD the same day. The PALS officer also contacted radiology and was able to book an appointment at a time and date convenient for M. It was confirmed that M would be contacted with the CT results to discuss how her treatment would be taken forward.*

*PD was grateful for the help from PALS who provided clarity, reassurance and positive action to support PD and M.*

### 9.2 Complaints

| You said; | We did; |
|---|---|
| 'There is always a big queue at the payment machines and my disabled mum and I really struggled waiting in the cold corridor" | We introduced a new parking validation process. Blue badge holders can now approach a Move Maker in the main Brunel Building atrium and have their parking validated on an iPad.<br><br>We also shut the main doors of the parking machine corridor to limit the amount of cold air flowing through. A short nearby diversion allows access to the car park instead. |
| "The waiting area for Gynaecology | We introduced better seating and installed a whiteboard |

| You said; | We did; |
|---|---|
| Emergency Clinic is uncomfortable and unwelcoming" | for staff to write a daily welcome message.<br><br>We communicated this feedback to staff and it was agreed a more visible presence of staff engaging with patients in the waiting room was important.<br><br>We also added a water dispenser and vending machine with hot drinks.<br><br>More comfortable chairs and a television have been purchased through charitable funds. |
| "I was moved wards late at night. It was unpleasant" | We implemented new guidelines that patients are only moved during night time when absolutely necessary.<br><br>We also advised staff to explain this to a patient if they are moved late at night to encourage understanding that it is necessary. |

**Other examples include:**

- Improved signage for Cotswold Ward and Gynaecology Emergency Clinic.

- Within Urology, a weekly tracking meeting has been set-up to monitor all patients on a cancer pathway referred from another organisation.

- Refreshing manual handling training for ward staff with a focus on ensuring staff are compassionate and kind when moving and handling patients.
- Improved staff training on taking consent for clinical procedures, in particular where the nature of the procedure changes from that which was originally discussed or agreed by the patient.

- Reception staff to inform patients of any delays when they are checked in for appointments.

- Palliative Care team have reviewed the education they provide focusing on improving communication with patients and their relatives when patients gave a poor prognosis.

Whilst we are pleased to be able to demonstrate examples of learning and improvements from complaints and concerns we acknowledge that we have a lot more work to do in this area. We have identified this as a priority area for 2020/21, to ensure that we have a robust system in place to identify, log and monitor learning and improvements from complaints. We also want to explore how we can ensure transparency and feedback on changes made as a result of

complaints. We have begun to address this by updating our webpages to include a 'Why does my feedback matter?' page. On this we hope to include regular examples of 'you said we did' and case studies demonstrating learning and improvements from complaints.

# 10. Looking ahead to 2020/21

We will build on the steps taken in 2019/20 to further develop the Complaints Service and PALS. In order to do this we have identified key areas of focus which reflect the recommendations made in the Healthwatch report (Jan 2020) '*Shifting the mindset: a closer look at NHS complaints'* and wider Trust Strategy.

The 'Managing Complaints and Concerns Policy' will be updated in Q1, 2020/21. Datix will be updated accordingly to reflect the changes. The main objective of this updated policy is to streamline the process so it is much clearer for our staff and for patients wishing to raise concerns. This will help to clarify our reporting and enable improved monitoring against our key performance indicators.

Once this policy is successfully launched, a toolkit and training will be provided to help embed the processes and ensure quality and consistency across the Trust. We will also introduce a complaints and PALS feedback survey, seeking the views of complainants who have used our service to understand whether we are meeting expectations and where we need to improve.

In keeping with our commitment to improve quality we will continue to focus our attention on the number of overdue complaints ensuring that this remains low, and that the percentage of complaints responded to on time reaches and sustains at 90% and, that the quality of complaint responses improves and is maintained across all divisions. This will be done through re-introducing the Lay Complaints Review Panel where complaint responses will be randomly audited ensuring the quality of the response. We will also provide training and guidance on writing response letters.

Lastly, we are focussed on increasing the visibility and accessibility of the PALS and Complaints processes. This will be done by updating and improving information online, in leaflets and on the wards and departments. We will ensure this information is accessible to different communication needs. We will also begin to collect demographic information on the individuals accessing our services to ensure we are equally accessible and fair to all and everyone who wishes to knows how to raise their concerns. As part of this work we will continue to raise awareness of our services through networking with community and Voluntary, Community and Social Enterprise (VCSE) partners.