

Complaints and Concerns Annual Report 2021/22

1. Purpose

This report summarises feedback received from patients, carers, and patient representatives during the period 1st April 2021 to 31st March 2022. This report covers in detail feedback from complaints and PALS concerns received by North Bristol NHS Trust.

2. Background

The NHS constitution and NHS Complaints Regulations 2009, clearly set 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 2020/21.

Type	2018/19	2019/20	2020/21	2021/22
Complaints	723	626	490	666
Concerns	744	1,087	776	1,280
Compliments	7,704	8,072	3,689	4,672
Enquiries	280	188	659	911
Response Time (within timescale)	59%	80%	93%	77%

Table 1

4. Complaints Overview

In 2021/22, 666 formal complaints were received by the organisation. This is an increase of 36% from the previous year where 490 complaints were received. Whilst this seems to be a significant increase, the covid-19 pandemic led to the fall in complaints in 2020/21 and this year's activity shows a return to similar levels in previous reporting years.

This year we have focussed on improving the quality of complaint responses and investigations, whilst trying to maintain performance standards amidst the challenges of the fallout from the pandemic.

4.1 Complaints by Division

Chart 1 shows that most complaints received in 2021/22 were received by Medicine (210), followed by ASCR (166). These are the largest divisions and they see the largest number of patients, so this is expected. This is also consistent with previous years.

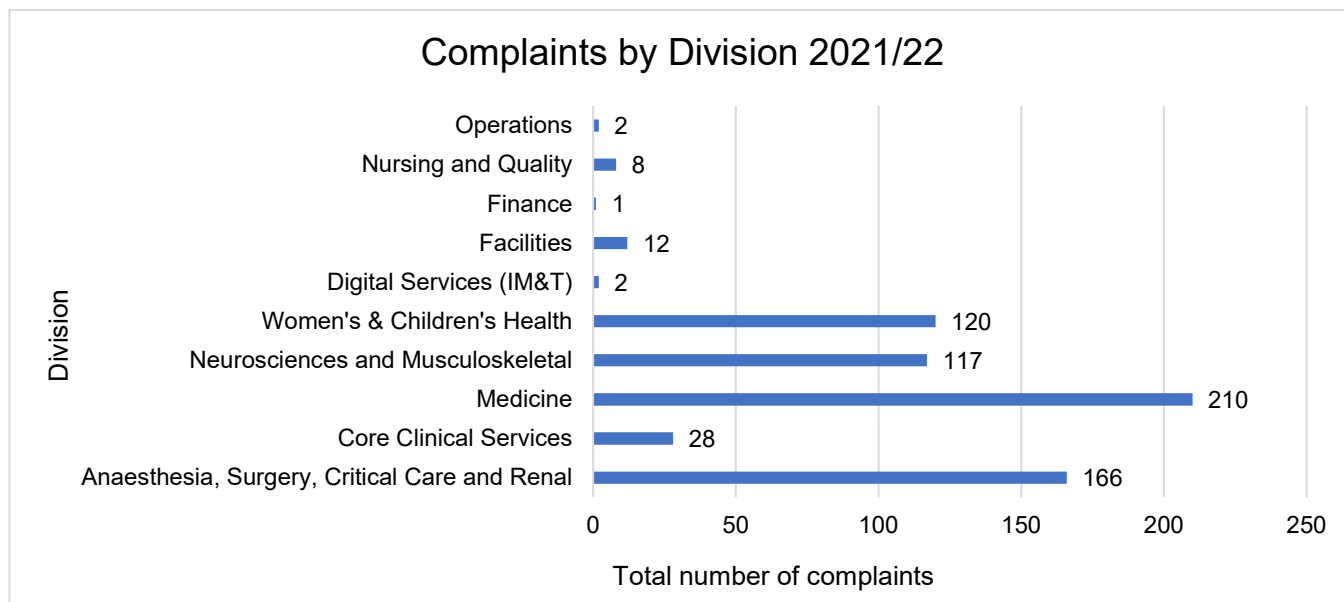


Chart 1

4.2 Complaints by Subject

Chart 2 shows that in 2021/22 the most common complaint subject was 'Clinical Care and Treatment'. This is consistent with previous reporting years.

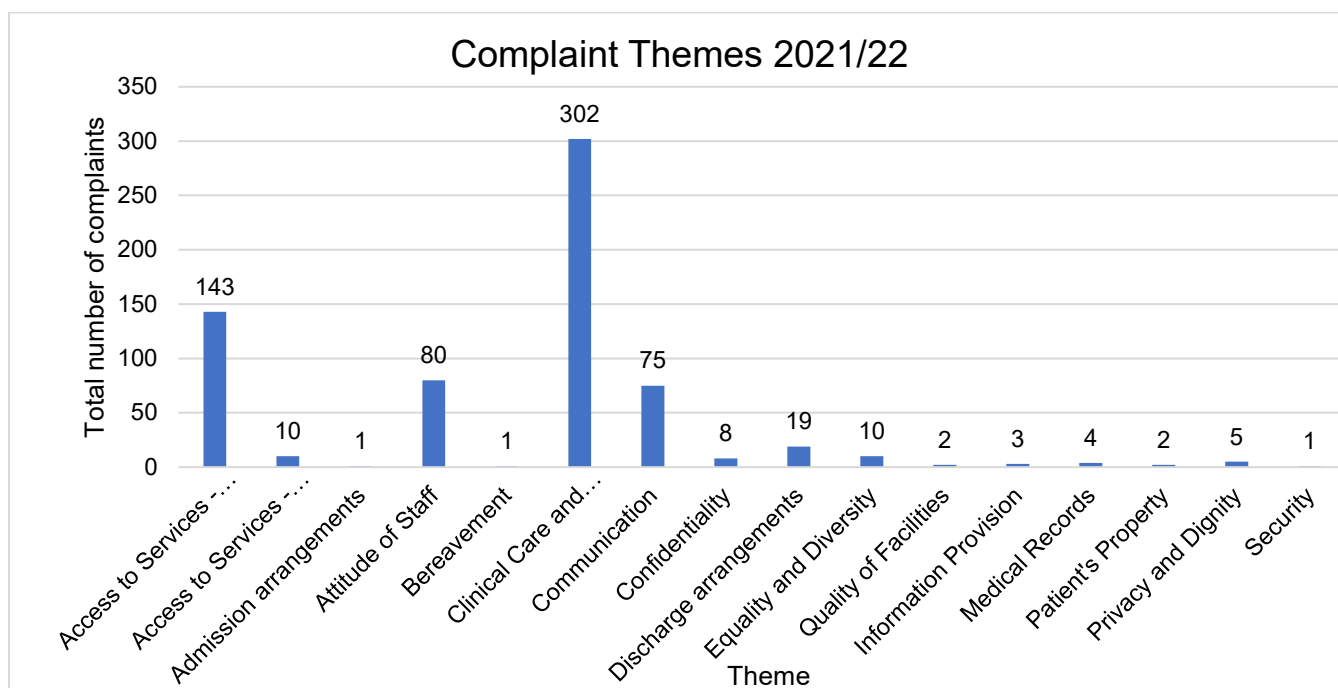


Chart 2

Further analysis within these subjects shows that the main reasons for complaints were poor medical care, and poor unexpected outcomes. The second most common subject was, 'Access to Services-Clinical', with cancelled operations and length of wait for outpatient appointments and surgery as the main sub-subjects. This illustrates the well-reported increase in national waiting times for the NHS and backlogs.

4.3 Complaint by Outcomes

Chart 3 shows that 75% of complaints received in 2021/22 were either upheld or partially upheld. This is slightly less than the previous year where 77% of complaints were either upheld or partially upheld. We have seen a positive improvement in the percentage of complaints where the recorded outcome was 'issue resolved'.

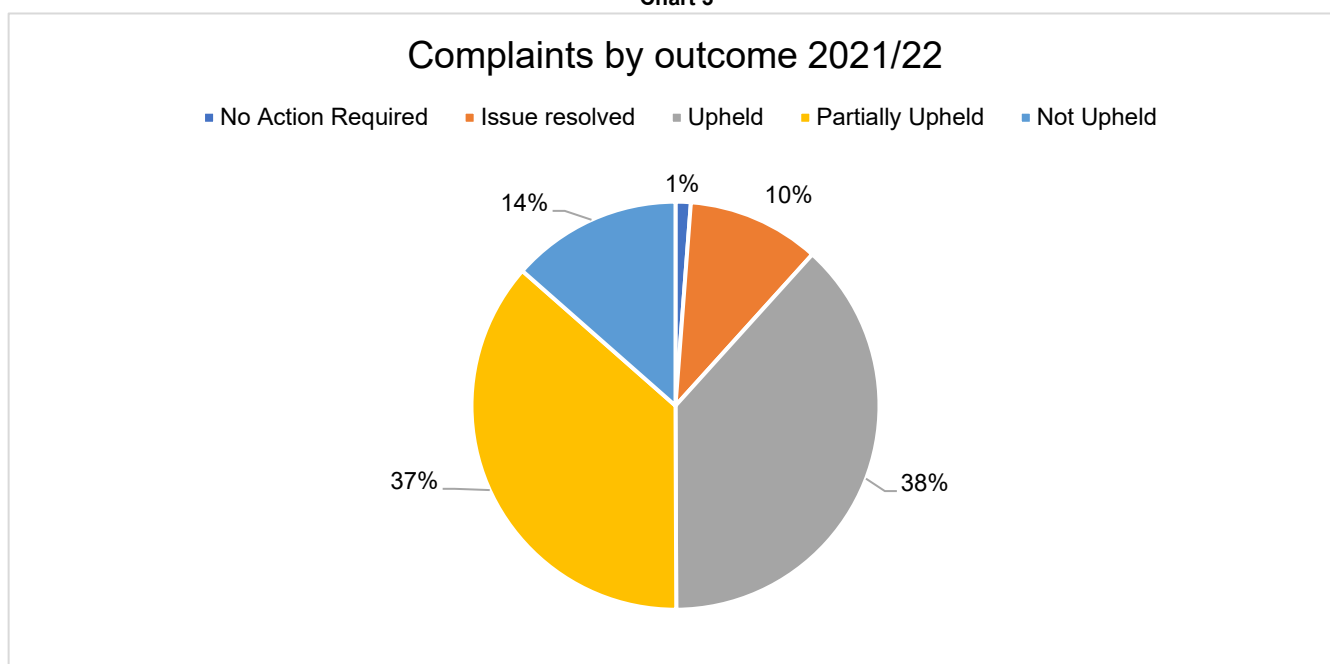
We are required to report on the status of complaint resolution to NHS Digital when reporting the KO41a. The definitions given by NHS Digital are included below. Please note the interpretation of these definitions will vary according to each person's judgment. This designation is made following the investigation.

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.

Chart 3





5. Complaints: monitoring and compliance

5.1 Reopened Complaints by Division

Of the 666 complaints received, 25 were re-opened or returned. This is 4% of all complaint cases and is an improvement on last year where 6% were re-opened.

This reflects work undertaken to increase the provision of training for staff involved in complaints investigations and responses and, a further quality check introduced in the complaint sign off process.

5.2 Overdue Complaints and Response Rate Compliance

Chart 4 below shows that the number of overdue complaints has increased throughout 2021/22, peaking in January 2022, with 11 overdue complaints. Unfortunately, this is a significant drop in performance when compared with the previous year where the most overdue complaints received in any month was 2.

In addition to the number of overdue complaints rising, the compliance response rate (see chart 5) has also fallen below the Trust target of 90% to an average of 77%. This reflects the challenges experienced across the Trust with increased operational pressures for frontline staff and vacancies within the Divisional Patient Experience Teams. We have targeted recovery plans in place with the two largest divisions which are now fully resourced. We expect to see compliance improve over the next year back in line with our internal target of 90% and for the number of overdue complaints to fall.

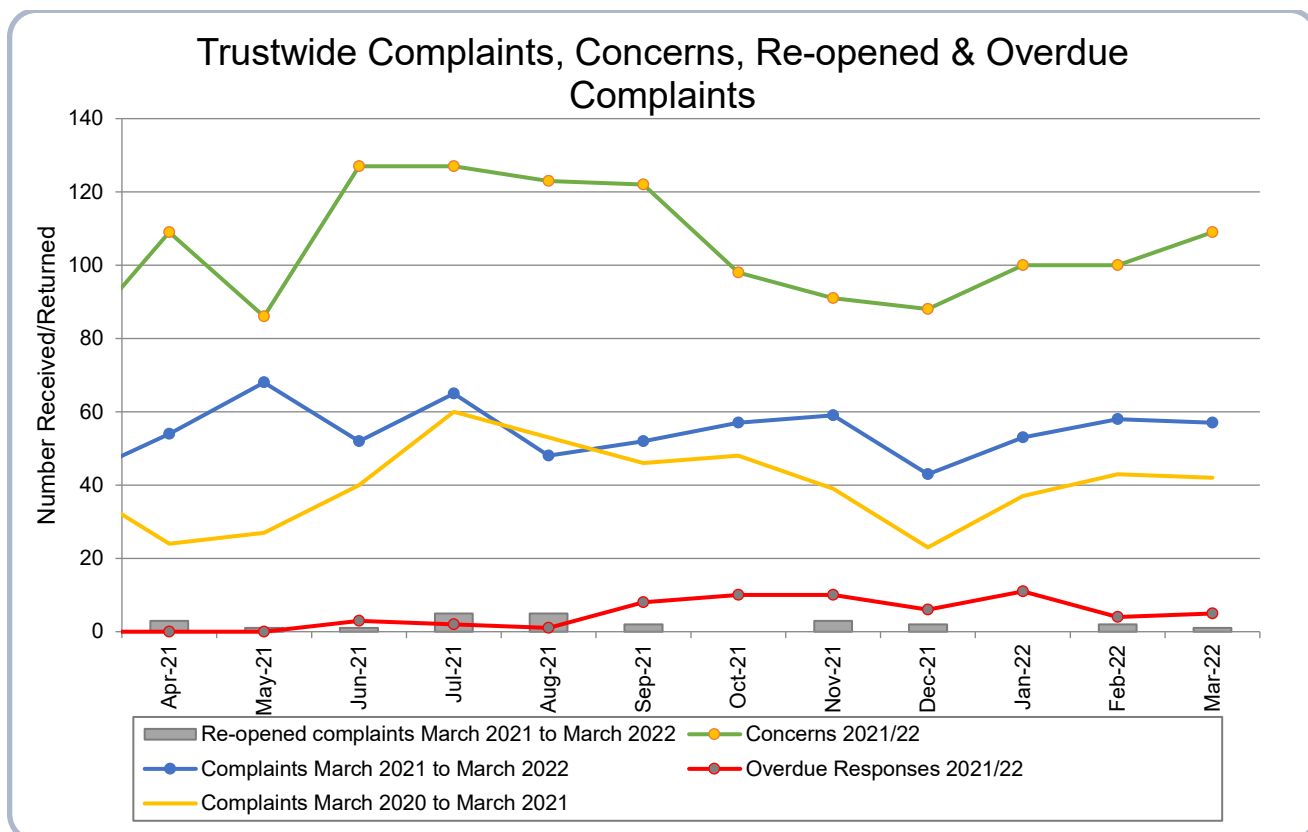


Chart 4

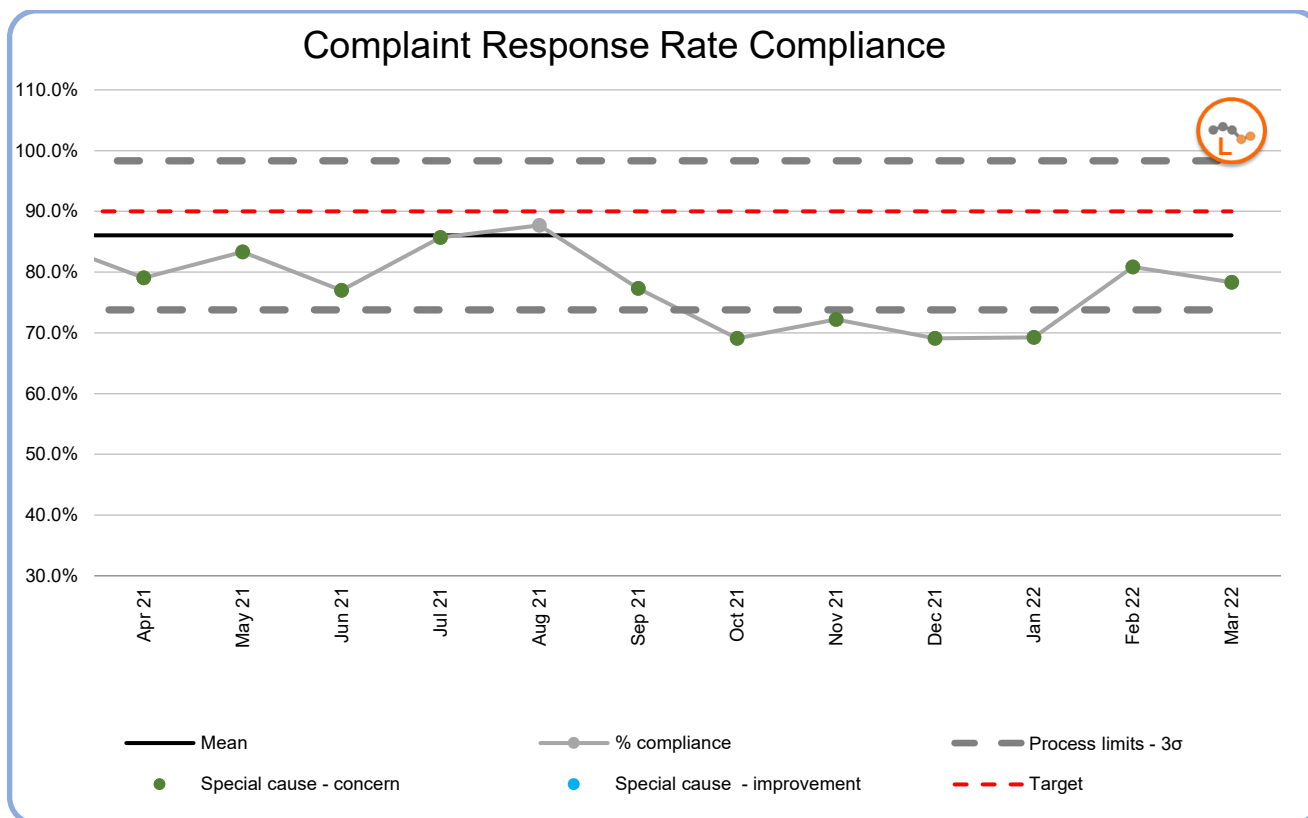


Chart 5

5.3 Acknowledgement of complaints

There is a regulatory requirement that all NHS Complaints are acknowledged within three working days. In 2021/22 we have been 100% compliant with this standard.

5.4 Parliamentary and Health Service Ombudsman (PHSO) investigations

Table 2 shows the number of complaint cases that were investigated by the PHSO. In 2021/22, 59 cases were received by the PHSO for consideration. This means 9% of complaint cases were escalated by the complainant to the PHSO. This is a slight increase on the previous year where only 6% of cases were escalated to the PHSO. Only one case was accepted for investigation by the PHSO.

Year	Number of cases received by the PHSO	Number of cases accepted for investigation by the PHSO	Number of cases upheld or partly upheld
2018/19	56	5	2
2019/20	61	3	0
2020/21	28	2	1
2021/22	59	1	1

Table 2

6. Audit & Feedback

6.1 Complaints Lay Review Panel

Throughout 2021/22 our Complaints Lay Review Panel has continued to convene virtually. Meeting quarterly, the panel reviews a randomised selection of our complaints against our Policy and national best practice standards. They review how we have handled the case and provide a score, note areas of good practice and opportunities for improvement in complaints handling.

We are extremely grateful to our skilled panellists for their commitment and valuable feedback. We were invited to speak at the NHS Complaints Summit and have been able to share the model for the panel and our approach to relaunching and sustaining this virtually through the pandemic with colleagues across health and social care.



6.2 Internal Audit

Following an internal audit last year, our focus for 2021/22 was to meet the five recommendations from this. We successfully completed the actions for each recommendation in 2021/22. We have assessed the impact of these actions, and this has varied. Some have led to clear

improvements in practice whilst others not having the anticipated impact for example due to limitations in computer systems.

We have continued to build on these recommendations, in particular focussing on our monitoring and auditing of PALS concerns as activity continues to increase. In 2021/22 we introduced a weekly PALS tracker and PALS audit. The weekly PALS tracker mirror that of the Complaint weekly tracker and advises teams of their open PALS cases and their due dates, it also clearly highlights those which are overdue or approaching this.

The monthly PALS audit considers how PALS concerns have been managed and whether these have been recorded properly on our system, Datix. We look at a random selection of

cases and whether they have followed key steps of the process for the management of PALS concerns. This ensures thorough record keeping and helps ensure accurate reporting and timely resolution of PALS concerns. Similarly in complaints we have a monthly Complaints Monitoring Report. This is shared with divisional patient experience teams at the monthly Divisional Patient Experience Group.

6.3 Feedback from complainants

All complainants are asked to complete a questionnaire to give feedback about their experience of the complaint process. This questionnaire is reviewed monthly by the complaints team and feedback is considered and acted on where appropriate.

In 2021/22, 50 questionnaires were completed. This is a response rate of 7.5%. Whilst this is low, the questionnaire is optional and therefore it is difficult to improve this.

The questionnaire identified some areas of good practice, 74% of complainants felt listened to and 72% felt that it was worthwhile making a complaint. These are marginally lower percentages than last year but still, it highlights that the Trust's process for managing complaints is effective and meets national best practice standards for complaints handling.

Comments from the questionnaire:



“Helpful process for me personally and to know that this has been passed on for better experiences for all.”



“We were given clear indications that our complaints were taken seriously and that procedures would be changed if and where necessary.”

7. PALS Concerns

7.1 Concerns by division

Chart 6 shows the number of PALS concerns received by each division in 2021/22. As with complaints, the most PALS concerns were received by ASCR (357) and Medicine (328).

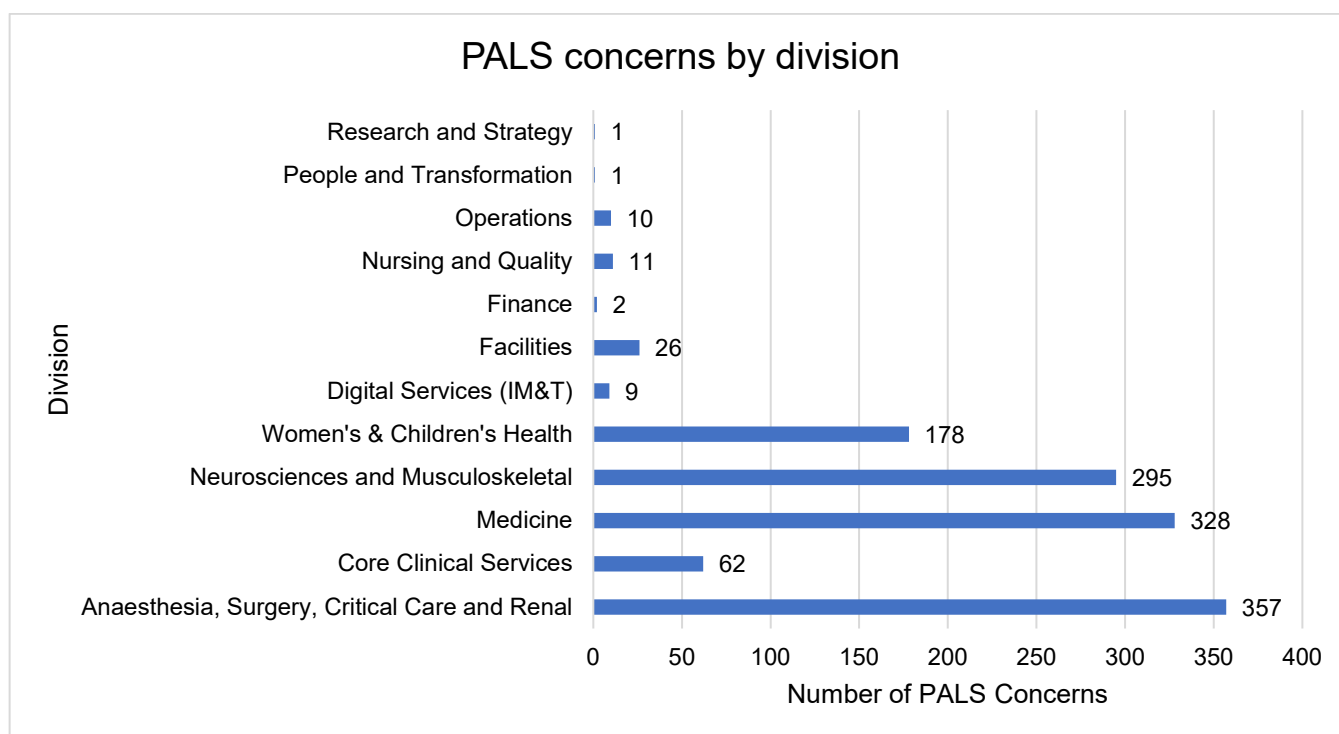


Chart 6

7.2 Concerns by subject

Chart 7 shows that the most common subject for concerns received in 2021/22 was 'Access to Services- Clinical'. This is consistent with the previous year and is as expected consequence of the Covid-19 pandemic and delays to routine activity.

The second most common subject of PALS concerns is 'Communication', followed by 'Clinical Care and Treatment'. This is also consistent with last year.

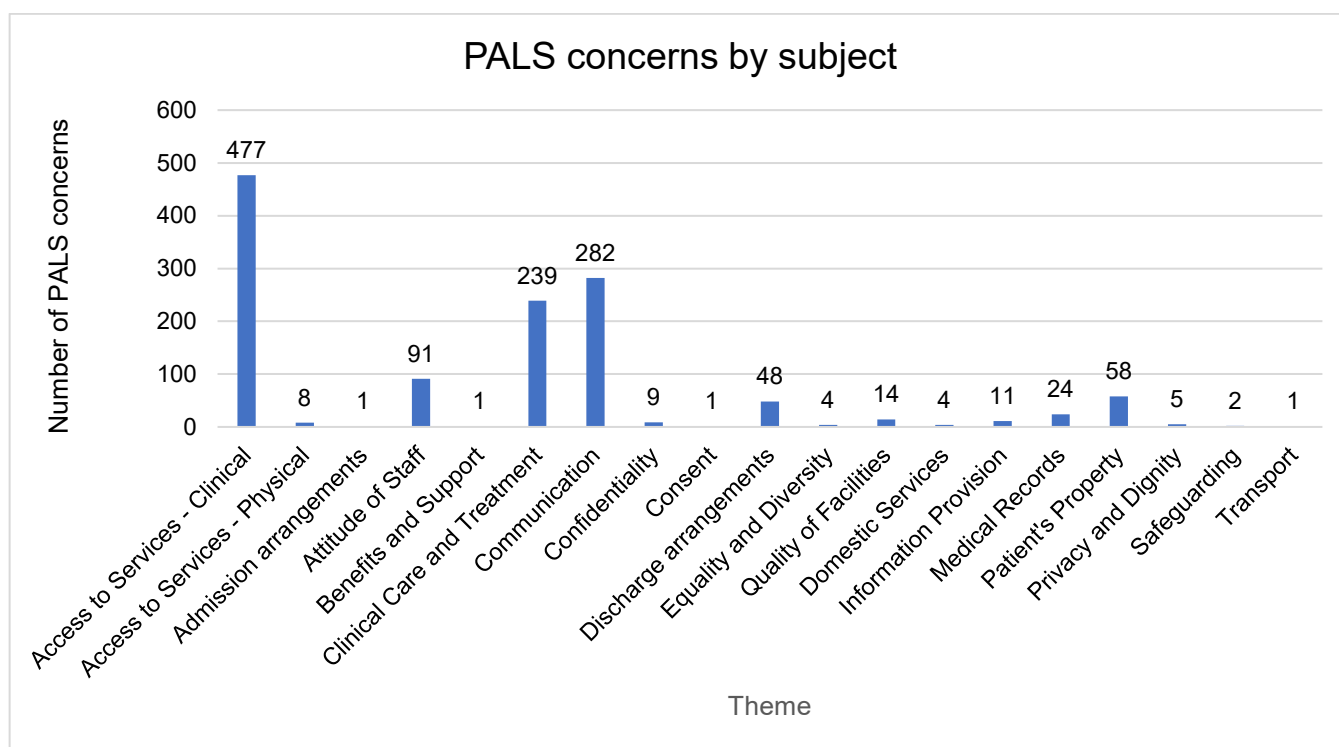


Chart 7

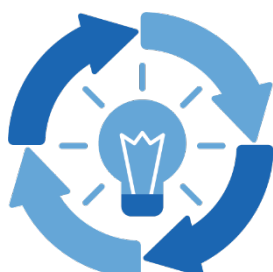
8. Compliments

As identified in previous annual reports, the process for recording compliments required review and improvement. Historically there has been a risk of duplication when recording compliments. In 2020/21 we also updated our process for recording compliments. We have now streamlined the process to assure ourselves that compliments are only being recorded once, by divisional teams. This also enables divisional teams to ensure clinical staff hear positive feedback directly. The change in process is likely to explain why there has been a significant reduction in reported compliments since 2020/21.



In 2021/22 4,672 compliments were received, this is a slight increase on the previous year.

9. Learning and Improvements



Examples of learning from complaints that has led to improvement actions being taken include the following:

- There was no Standard Operating Procedure (SOP) for a request for body donation upon death. A new SOP has been developed to address this gap in process.
- Medication Poster designed and launched by Pharmacy to remind staff of the meaning of terminology such as 'continued' medication.

- A new extended pharmacy service over weekends which will focus on supporting patients on discharge over weekends.
- The Weight Management Service have reviewed their referral processes to ensure the early identification of patients who need additional support or treatment before being eligible for the service. This will ensure that patients are not accepted into the service only to later be discharged due to needing additional support or treatment.
- In Percy Phillip Ward, new posters have been designed and placed around the ward to explain the day room, about meals times, drug rounds, and where patients can get a tea or coffee.
- In NMSK, the DEXA scanner is only suitable for patients that can get on and off the scanning table independently or with the help of a carer due to limited space and due to the height of the scanning table. Patient information leaflets to highlight the need to be able to get on and off, the table independently or with the help of a carer have been updated, the booking clerk for the scanner has also been given training and an adapted checklist to go through with patients when booking appointments. Lastly, GPs have been informed about the criteria for the DEXA scanner.

10. Accessibility of the Complaints and PALS Processes

We collect equality monitoring data about those that access the complaints service through a non-mandatory form.

Data in 2021/22 shows that most complainants are female. There is a good range of ages with complainants from 16 to 95 years of age and 28% of complainants stated they had a disability. This reflects some of the work undertaken to improve the format and accessibility of information on our website and printed leaflets.

The data also shows that there is still some work to be done as only 14% of complainants were not White-British and only 9% were not heterosexual. This highlights the importance of us reaching out and engaging with our local community to ensure that all groups feel comfortable and confident approaching us to raise a complaint or concerns.

Due to the limitations of the pandemic, we have still not been able to raise awareness of the service by outreach to groups across the community, attending ward huddles or holding engagement events. We continue to hold onto this ambition and hope to be able to push forwards with this in 2021/22 to ensure accessibility of our complaints process for everyone.

11. Looking ahead to 2022/23

Despite the challenges of the past year, we have managed to achieve or progress significantly against our goals for the past year. Some of these we will look to build on further in the coming year. Our focus for 2022/23 is:

11.1 Further strengthening and embedding a culture of learning from complaints

Last year we aligned divisional action and learning spreadsheets into a single template and agreed a process and framework for all divisions to log, monitor and report on actions and learning from complaints. The success of this has differed between divisions with some such as CCS really maximising use of the spreadsheet and developing this further to suit their needs. Other divisions have struggled to maintain this, largely due to staff vacancies in senior roles. The goal for 2022/23 will be to support those struggling in this area so they can begin to use the framework consistently. We will also continue to nurture and grow our Complaints Lay Review Panel who provide us with valuable feedback and recommendations.

11.2 Performance

A new key focus for 2022/23 will be to recover our performance with regards to responsiveness of complaints. This means maintaining a positive trajectory towards no overdue complaints and 90% response rate compliance. To achieve this, we have recovery plans in place with the two largest divisions which are monitored and reviewed closely to ensure progress.

11.3 Accessibility of the services for staff and patients, their relatives and carers

Due to Covid-19 we have been limited in our ability to go out and raise awareness about our services, in particular PALS. We know from our Equality and Diversity Monitoring data that we need to ensure everyone is aware of their rights to raise a concern and that they feel comfortable and can do so. This year we would like to progress with this goal by linking in with community partners, working with our Patient Partners and attending community events to promote the service.

Internally we will hold drop-in sessions for staff to get support on any PALS or complaints they may be managing, or to ask any questions they might have about the processes. We will also continue to deliver different training packages across the Trust for staff. Last year we delivered 'x'

Lastly, we will continue our preparations for the NHS Complaint Standards coming in April 2023. We have undertaken a gap analysis and understand that we are already working closely with the standards and therefore the changes needed are likely to be limited. We will keep close to ongoing developments over the next year to ensure we are ready.

