

Report To:	Patient & Carer Experience Committee	Agenda Item:	
Date of Meeting:	21 st July 2021		
Report Title:	Complaints and Concerns Annual Report 2020/21		
Report Author & Job Title	Emily Ayling, Patient Experience Manager		
Executive/Non-executive Sponsor (presenting)	Gifty Markey, Head of Patient Experience Helen Blanchard, Head of Nursing and Quality		
Purpose:	Approval	Discussion	To Receive for Information
			X
Recommendation:	Not Applicable		
Report History:	Received by the Patient Experience Group on 22 nd June 2021		
Next Steps:	To be received by Trust Board in July.		

Executive Summary

For the second consecutive year, the number of complaints received by North Bristol NHS Trust has fallen.

This year, the number of PALS concerns received by the Trust also fell, but the number of enquiries increased. This reflects a change in policy and process, including how cases are now logged and managed. This may also reflect the impact of the Covid-19 pandemic. Whilst the complaints service and PALS maintained business as usual for most of the year, changes in the level of Trust activity may have resulted in fewer formal complaints and PALS concerns being received.

In accordance with previous reporting years, most complaints were regarding 'Clinical Care and Treatment' whilst most concerns were regarding 'Access to services-Clinical'.

Despite the challenges of the Covid-19 pandemic, staff have done incredibly well to ensure responsiveness to complaints, and compliance with the agreed response timeframe has improved from 80% to 93%. We have also seen a decrease in the number of referrals to the PHSO and the number of re-opened complaints possibly demonstrating an improvement in the quality of investigations and responses.

In 2020/21 an internal audit was undertaken into the complaints and PALS processes. The outcome of this audit was positive with lots of good practice noted as well as some areas for improvement which have been captured in 5 recommendations. The focus of the complaints service and PALS for 2021/22 will be to deliver these recommendations.

Strategic Theme/Corporate Objective Links	<ol style="list-style-type: none"> 1. Provider of high quality patient care 2. Developing Healthcare for the future 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

1. Purpose

This report summarises the complaints received from patients, carers and patient representatives during the period 1st April 2020 to 31st March 2021. 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.

2.1 Covid-19 Pandemic

In March 2020 NHS England and NHS Improvement supported a system wide “pause” of the NHS complaints process. This was due to the ongoing Covid-19 pandemic, to allow all health care providers to concentrate their efforts on front-line duties.

Considering this national guidance, we continually reviewed the impact of the Covid-19 pandemic on the Trust and, as staff began to be pulled from their usual roles to support the delivery of clinical care, we chose to introduce an escalation process for the management of complaints and PALS concerns. This was introduced on 23rd March 2020. Within this process all face to face local resolution meetings were stopped and moved to a virtual platform. All new complaints and PALS concerns received were triaged against a risk assessment. All urgent cases were escalated immediately to the relevant senior manager and all other non-urgent complaints and PALS concerns were placed on hold. Cases that had been received before the escalation process were reviewed and where possible resolved or placed on hold.

The Trust resumed ‘business as usual’ (BAU) on 4th May 2020. Cases placed on hold were resumed.

There was further guidance released by NHS England and NHS Improvement on 3rd February 2021 during which time the NHS was experiencing a second wave of the Covid-19 pandemic. This guidance stated that whilst Trust’s should continue to follow the Local Authority Social Services and NHS Complaints Regulations 2009, it was permissible for a complaint response to go beyond the usually required six months.

3. Summary

3.1 Activity levels

Table 1 shows the activity level for each type of feedback received in 2020/21.

Type	2017/18	2018/19	2019/20	2020/21
Complaints	592	723	626	492
Concerns	800	744	1,087	774
Enquiries		280	188	659
Response Time (within timescale)	67%	59%	80%	93%

Table 1

In 2020/21, 492 formal complaints were received by the organisation. This is a decrease of 21% from the previous year where 626 formal complaints were received. The decrease in the number of formal complaints received reflects the impact of the Covid-19 pandemic and reduced activity across the Trust.

On 1st May 2020 the policy for 'Managing Complaints and Concerns' was re-launched. The updated policy was developed with divisional teams, the safeguarding team and the patient safety team and, it was reviewed by patient representatives. The main changes included:

- Streamlining the case types from over ten to three: complaint, PALS concern and enquiry;
- Introducing a risk matrix to assist with triaging cases when they are received;
- A different form on Datix for each 'case type' which reflects the different processes each follows;
- Development of a toolkit to support investigators.

In tandem with this, we have continued developing and growing the Patient Advice and Liaison Service (PALS), and increasingly more issues are being dealt with through this route. We have trained all PALS and Complaint Officers to work interchangeably between the PALS and complaints services. This enables our officers to triage issues raised by patients, carers or relatives and, advise of the most appropriate route to resolving the issue(s) quickly and effectively.

It is clear from Table 1 that whilst there has been a decrease in the number of PALS concerns, there has been an increase in the number of enquiries. This is most likely to be due to a change in recording practices as a result of the policy changes. Enquiries are identified as queries or questions of minor significance that can be addressed by the PALS team without needing to go through the divisional patient experience teams. Examples of enquiries include questions about waiting times or rearranging appointments. During the Covid-19 pandemic the process for managing enquiries has been extremely helpful as it has allowed divisional teams to focus on more serious PALS concerns and complaints.

4. Complaints Overview

4.1 Complaints by Division

Chart 1 shows that most complaints received in 2020/21 were received by Medicine (159), followed by ASCR (132). These are the largest divisions and they see the largest number of patients, so this is expected. This is also consistent with previous years.

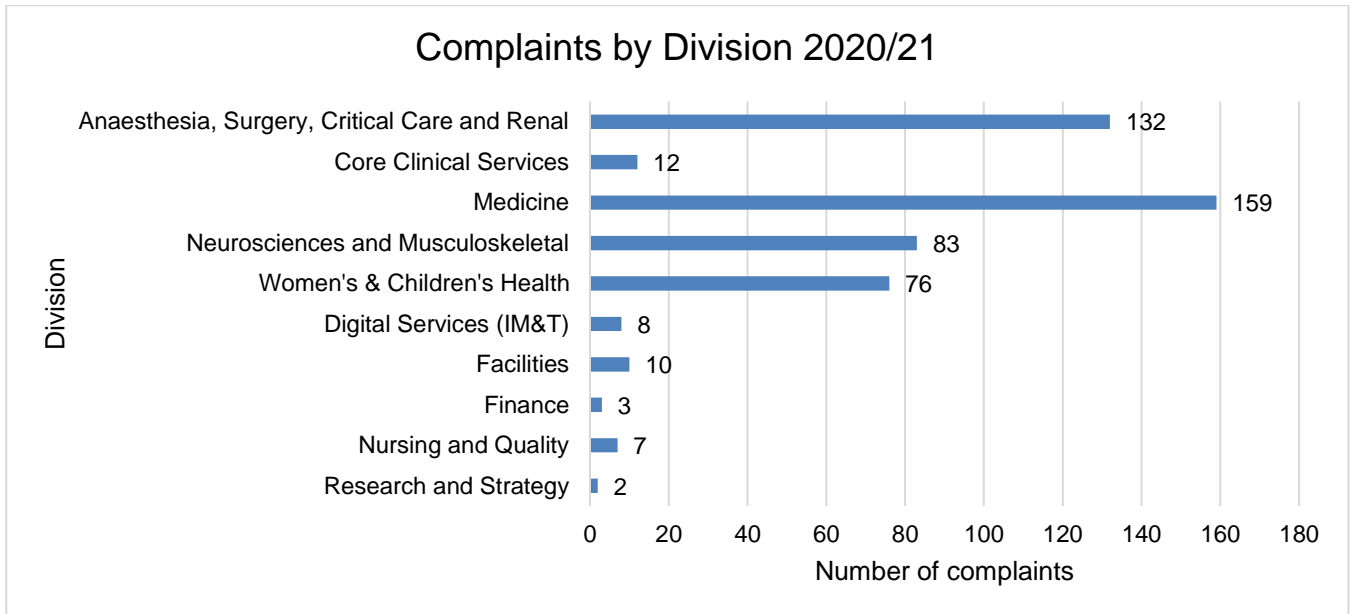


Chart 1

4.2 Complaints by Subject

Chart 2 shows that in 2020/21 the most common complaint subject was 'Clinical Care and Treatment'. This is consistent with previous reporting years.

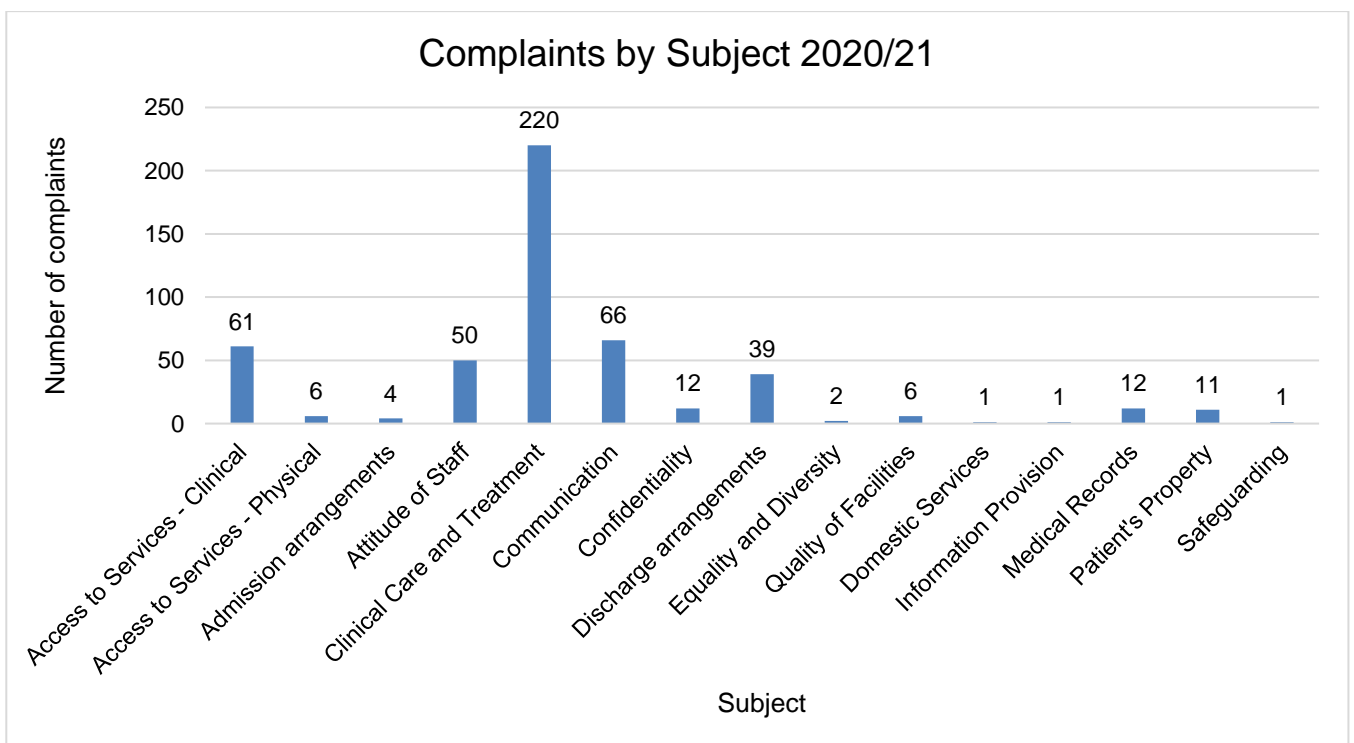


Chart 2

Further analysis within these subjects shows that of the 492 complaints received, between 5% and 10% were regarding or contained issues related to Covid-19. We have seen an increase in complaints regarding 'Access to Services- Clinical'. A deep dive review of these complaints shows the majority were regarding 'Length of wait for appointment', or 'Cancellation of clinic/operation'. This reflects the necessary decision taken by the Trust to pause some activity and reduce service provision in order to focus on the care and treatment of Covid-19 patients.

4.3 Complaint by Outcomes

Chart 3 shows that 77% of complaints received in 2020/21 were either upheld or partially upheld. This is slightly less than the previous year where 85% of complaints 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.

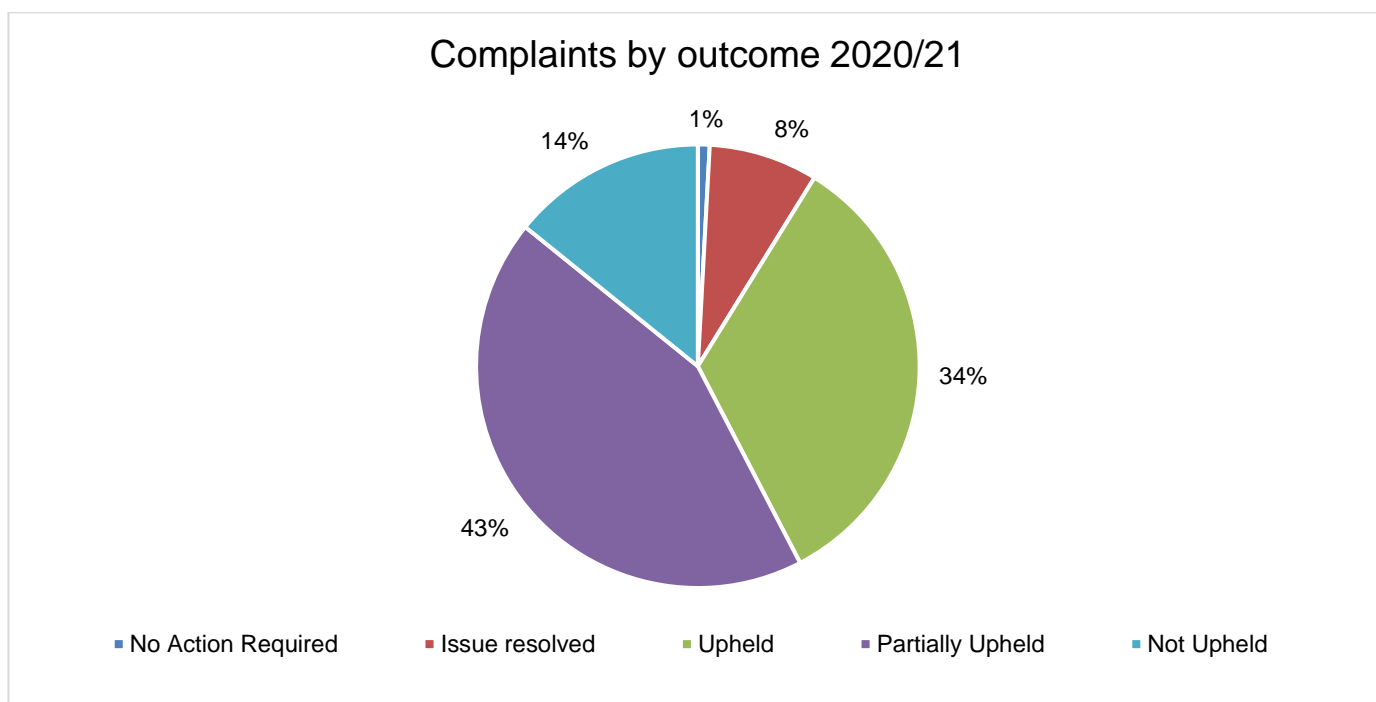


Chart 3

5. Complaints: monitoring and compliance

5.1 Reopened Complaints by Division

It is worth noting that previously, a re-opened/returned complaint was recorded with a new case number in Datix. This case was linked to the original complaint and marked with the case type 're-opened complaint' so we could identify this. Due to a Datix update, we are now able to re-open complaints in the original complaint case and mark these as 'returned or re-opened'.

Of the 492 complaints received, 47 were later re-opened or returned. This is a considerable improvement on the previous year where 90 re-opened complaints were received. This demonstrates the work of the complaints team and divisional teams over the past year and their focus on improving the quality of complaint responses.

5.2 Overdue Complaints and Response Rate Compliance

The chart below shows that the number of overdue complaints is consistently lower each month than previous years. The most overdue complaints received in any month was 2.

Whilst the number of overdue complaints has fallen, the compliance response rate has also continued to improve. This means that on average 93% of complaint responses were received within the timescale agreed with the complainant. This is a significant improvement from 2019/20 and is above the Trust's internal target of 90%.

Our strong performance against both measures is a particularly great achievement given the pressures of the Covid-19 pandemic on NHS services. This demonstrates the commitment of staff to be responsive in their complaints handling.

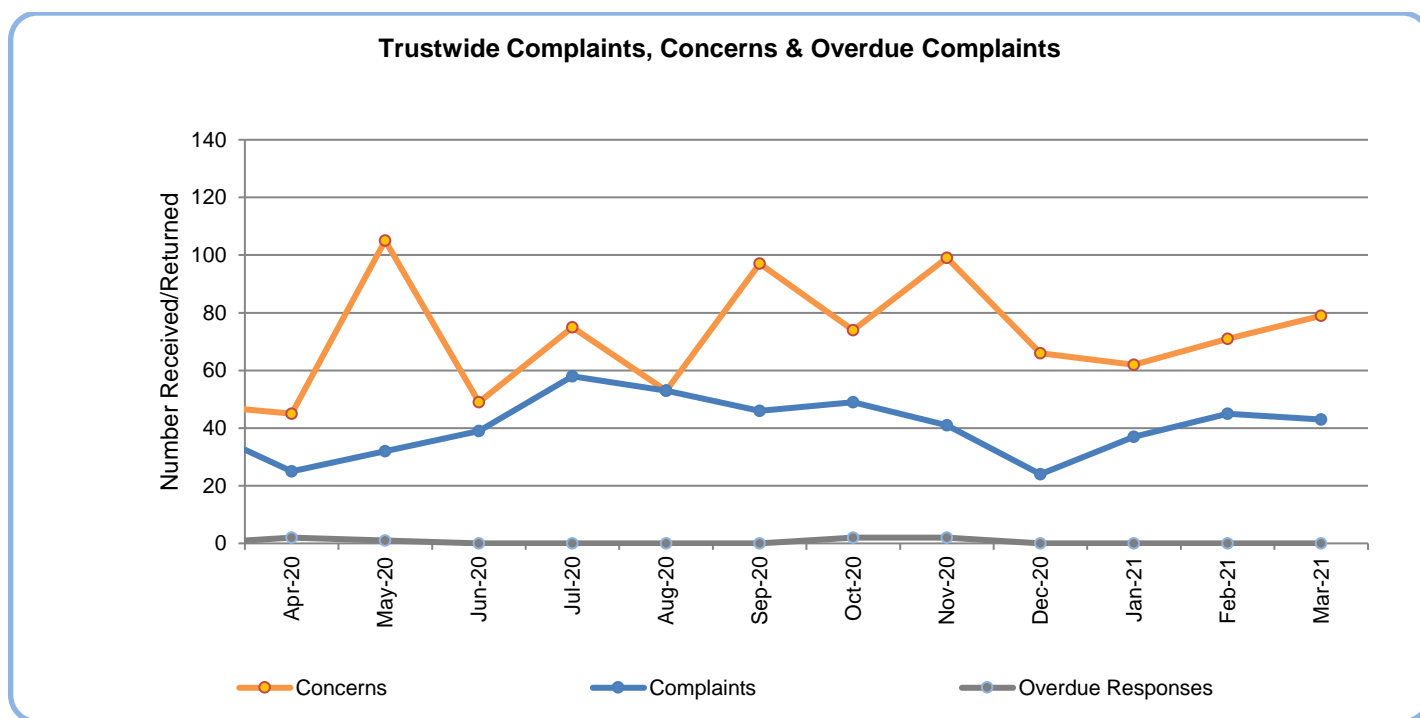


Chart 4

5.3 Acknowledgement of complaints

There is regulatory requirement that all NHS Complaints are acknowledged within three working days. In 2020/21 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 2020/21, 29 cases were received by the PHSO for consideration. This means 6% of complaint cases were escalated by the complainant to the PHSO. This is a significant improvement on the previous year where 10% of cases were escalated to the PHSO.

This may be due to the Covid-19 pandemic. On 26 March 2020, the PHSO paused their services. This included accepting new complaints and progressing existing cases. The PHSO resumed business as usual on 1st July 2020. This break may have resulted in fewer cases being received by the PHSO. The fall in the number of cases received by the PHSO may also be the result of our updated policy. This has led to an improved process for managing complaints, more thorough investigations and robust responses.

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	29	2	1

Table 2

5.5 Audit & Feedback

5.5.1 Complaints Lay Review Panel

In November 2020 we relaunched the Complaints Lay Review Panel. The Panel is made up of several patient representatives who review and audit a selection of complaints against the Patient's Association's principles for good complaints handling and the Trust's internal complaints procedure. Feedback from the Panel is shared with the Divisional Patient Experience Group (DPEG) to reflect on learning and good practice and, to take forward any actions identified. The Panel met again in March 2021 and is currently convening virtually.

Examples of actions taken following feedback from the Panel include, raising staff awareness about the 'Autism Passport' and 'My Hospital Passport for Autistic People'. We have also updated our acknowledgment letters to have a named contact within divisions.

We are hugely grateful to our Panel who provide us with meaningful feedback, whether this is identifying good practice or room for improvement. In 2020/21 we hope to continue with quarterly Panel meetings, and further recruit to the Panel.

5.5.2 Internal Audit

An internal audit into Patient Experience took place in November/December 2020 as per the Trust's audit plan. The audit looked at the processes the Trust has in place to capture and respond to PALS concerns and complaints. This included speaking to staff, reviewing policies against regulatory standards and sample testing to ensure processes are embedded.

The audit report was finalised in January 2021 and an assurance rating of 'significant assurance with minor improvement opportunities' was awarded. We are very pleased with this rating.

The report noted areas of good practice including: The Trust's Complaints Policy; patient experience staff and divisional complaints leads being competent in their roles and aware of processes and requirements; the Trust's leaflet on how to raise complaints/concerns and the accessibility of this.

The report noted areas of improvement including, divisions working in a decentralised manner and the need for greater cohesion, in particular when it comes to learning. From the areas of improvement, the audit identified five recommendations to build on existing processes and approaches. There are four medium priority and one low priority recommendations which have been agreed. An action plan has been agreed to support the delivery of these recommendations, and these actions will be the focus and priorities for 2020/21.

5.5.3 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 2020/21, 44 questionnaires were completed. This is a response rate of 9%. Whilst this is low, the questionnaire is optional and therefore it is difficult to improve this.

The questionnaire identified some areas of good practice, 79% of complainants felt listened to and 79% felt that it was worthwhile making a complaint.

Through the questionnaire we have also identified some areas for improvement, only 66% of respondents felt the complaint response answered all the issues they had raised, and only 60% were contacted by the division within 5 days of raising their complaint.

In response to this, the Complaints team has begun a monthly monitoring report which highlights to divisions their performance against key aspects of the complaints process such as making a call to the complainant within 5 working days. Since introducing this report, we have already begun to see an improvement in the number of calls being made.

Comment from the questionnaire:

"I do not think like I have said in these present circumstances that you could have done anything more than you did on this complaint and I am grateful for the response and I am happy with the actions you have taken."

6. PALS Concerns

6.1 Concerns by division

Chart 5 shows the number of PALS concerns received by each division in 2020/21. As with complaints, the most PALS concerns were received by Medicine (215), followed by ASCR (206). Most divisions saw a decrease in the number of PALS concerns received except for Medicine, WaCH and the Nursing and Quality division where there were slight increases.

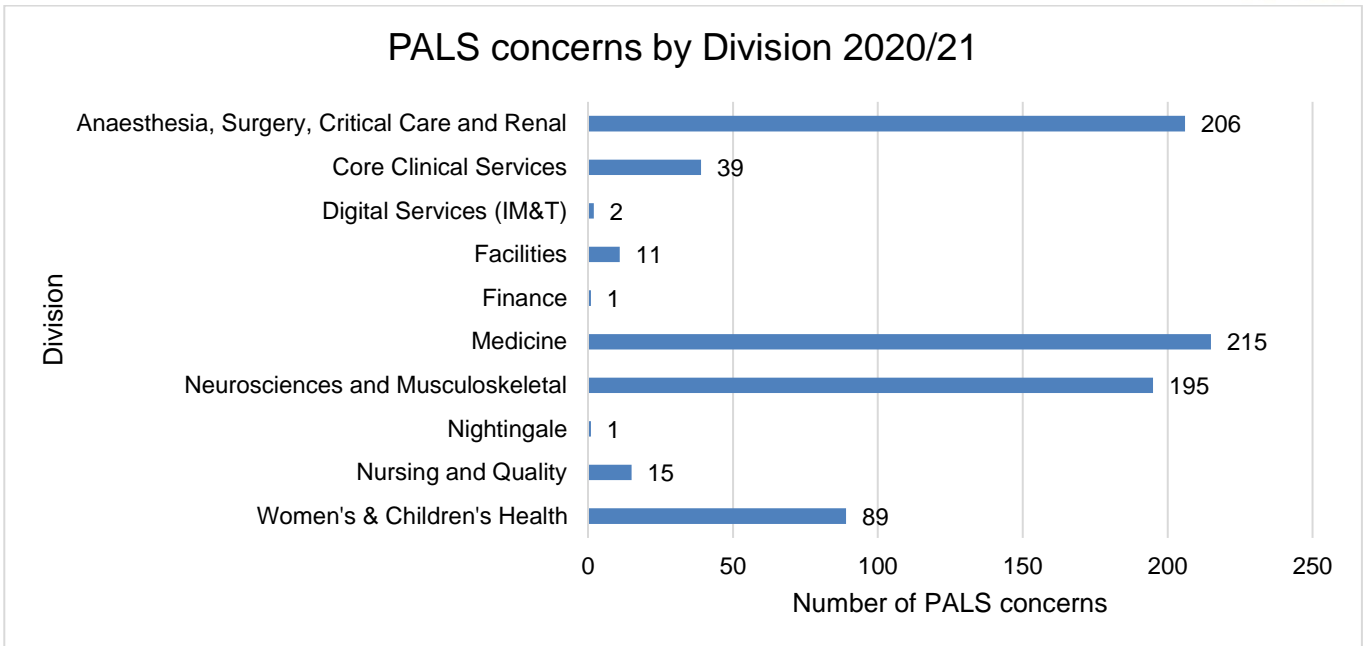


Chart 5

6.2 Concerns by subject

Chart 6 shows that the most common subject for concerns received in 2020/21 was 'Access to Services- Clinical'. This is consistent with the previous year and is as expected due to the Covid-19 pandemic and reduced activity across the Trust.

The second most common subject of PALS concerns is 'Communication', followed by 'Clinical Care and Treatment'. Last year, the 'Communication' was the third most common subject. The increase in concerns regarding 'Communication' is in part due to changes in visiting during the Covid-19 pandemic.

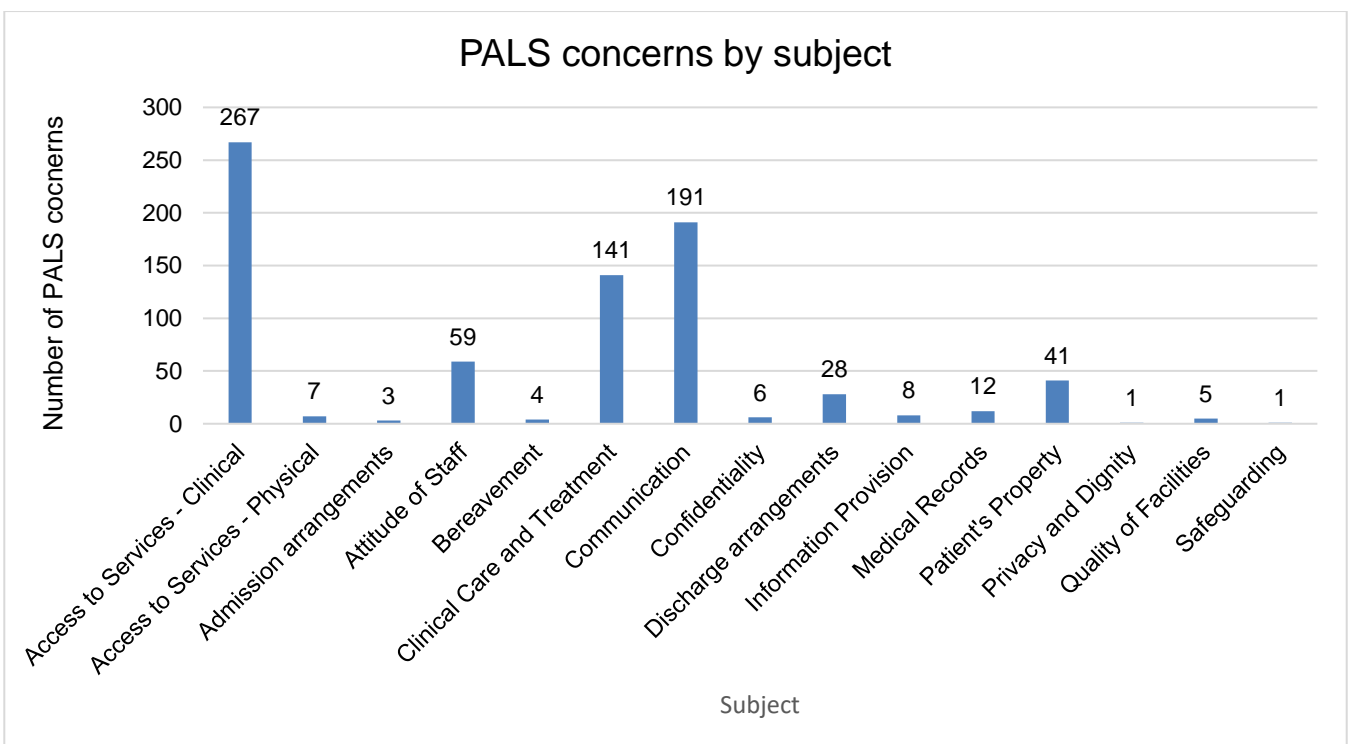


Chart 6

7. MP Enquiries

In 2020/21, 6 MP enquiries were received. This is one fewer than the previous year.

MP enquiries 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

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. The number has fallen from 8,072 in 2019/20 to 3,672 in 2020/21.

The chart below shows the number of compliments received by each division.

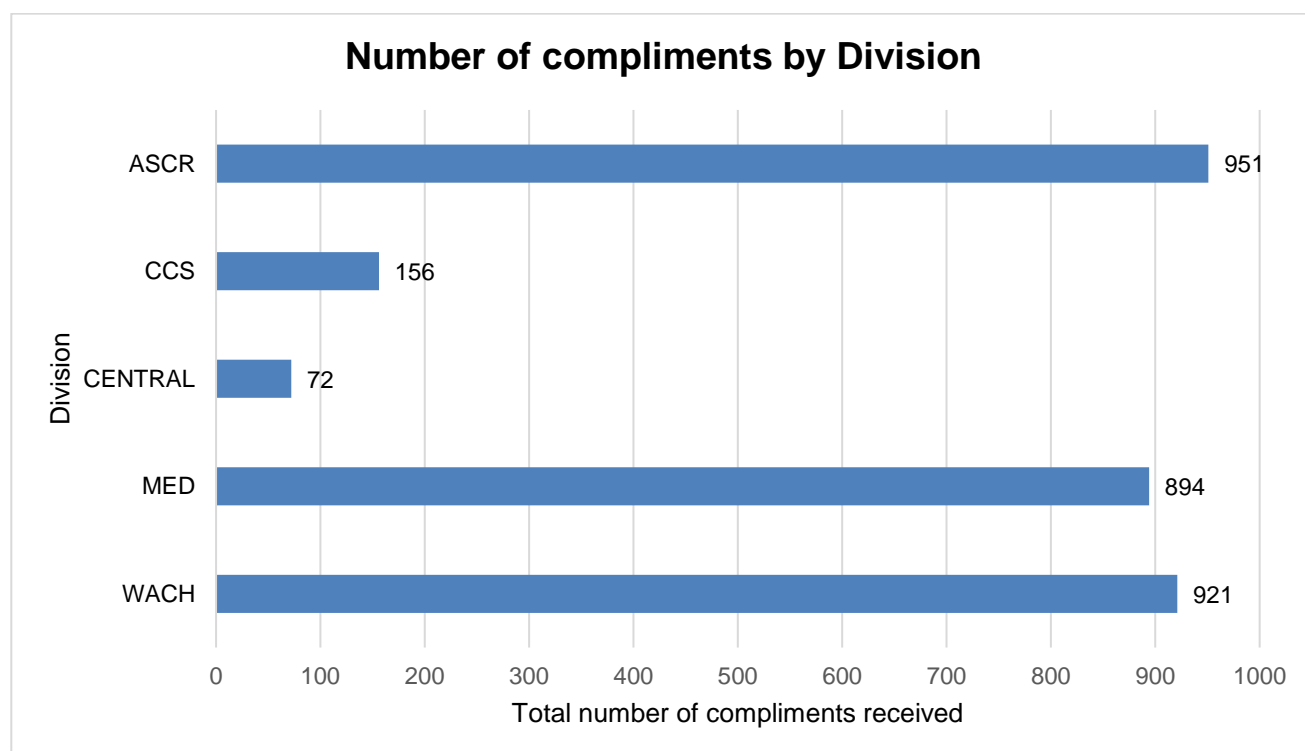


Chart 7

9. Learning and Improvements

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

- Electronic patient handover using the IT platform Careflow Connect has been rolled out across the Trust;

- Additional training has been provided for nursing staff working in the Recovery area to ensure that they are all competent in drain removal;
- Changes to Patient Information Leaflets regarding operative laparoscopy;
- Simulation Training has been developed and delivered with ward staff to improve communication around infection with patients and relatives.
- Patient Information Bundles have been created; these are attached to the call bell making them accessible to patients of differing abilities. The bundle contains information regarding pressure care prevention, DVT prevention and Wi-Fi log in details.

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 2021/22 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 page we hope to include regular examples of 'you said we did' and case studies demonstrating learning and improvements from complaints.

9.1 Accessibility of the Complaints and PALS Processes

In May 2020 the complaints and PALS services launched an Equality Monitoring and Diversity Form. This is to help ensure equal access to the services and fair treatment. We also want to understand whether there are any equality and diversity trends in the issues raised through complaints and concerns.

We have used this information to underpin a project 'Making it Easy to Give Feedback'. This project was intended to improve access to the complaints and PALS services so patients, their carers or relatives can easily find out how to raise a complaint or their concerns.

Working in collaboration with a patient partner and our communications team we have successfully updated the information on our website to be more accessible and user friendly. We have also updated our information leaflet which is now available in easy read and the top languages spoken in Bristol.

Whilst we have seen the positive impact of these changes, we acknowledge that there is still more to be done. In 2021/22 our focus will be on raising awareness of the PALS and complaints services throughout the Trust and, externally within the wider community.

10. Looking ahead to 2021/22

Despite the impact of the Covid-19 pandemic, we are proud to have achieved most of the objectives and goals we set ourselves for 2020/21. We successfully launched a new policy and toolkit, improved the accessibility of our website and written information. We also relaunched the Complaints Lay Review Panel and introduced auditing and compliance monitoring for complaints.

One objective we couldn't meet due to the Covid-19 pandemic was to increase the visibility and reach of PALS. We wanted to raise awareness of our services through networking with

Voluntary, Community and Social Enterprise (VCSE) partners and, by sharing information with scarcely heard communities. This will be a focus for 2021/22 alongside delivering the recommendations from the internal audit. These include:

- Strengthening cross divisional working arrangements and learning.

We will align the divisional actions & learning spreadsheets to a single template and agree a process and framework that applies to all divisions for logging, monitoring and reporting on completion of actions and learning from complaints. Divisions will be able to see one another's action and learning spreadsheets, and each will take it in turn to share learning at the Divisional Patient Experience Group. The Complaints SOP will be updated to include a requirement for divisions to meet and discuss multi-divisional complaints.

- Ensuring complaints training for staff in specific roles

We will consider making complaints and concerns training a core requirement for certain relevant roles. We will understand the current training arrangements in divisions and work with Divisional Teams to map out what training is needed by which role. We will agree how the training will be delivered and how this can be built into existing staff training profiles to ensure the need for training is flagged for any new staff, or staff changing roles.

- Timely resolution of PALS concerns

We will review the approach to managing PALS concerns at a divisional level, including the escalation process within divisions to ensure timely resolution. We will also introduce an audit to monitor timescales for completion along with the weekly tracker to flag overdue PALS concerns.