

TRUST BOARD – PUBLIC REPORT SUMMARY	
<b>Title of report:</b> 2018/19 complaints annual report	<input type="checkbox"/> Approval <input type="checkbox"/> Endorsement/Decision <input type="checkbox"/> Discussion <input checked="" type="checkbox"/> Information
<b>Date of Meeting:</b> 24 July 2019	<b>Item 2</b>
<b>Responsible Executive Director:</b> Janice Sigsworth	<b>Author:</b> Daniel Marshall
<b>Summary:</b> <p>The trust complaints function continues to perform well against a range of indicators.</p> <p>The quality of complaints handling from the complainants perspective has improved as evidenced by a reduction in the number of complaints that are reopened and that are investigated and upheld by the Parliamentary &amp; Health Service Ombudsman.</p> <p>The number of formal complaints received has plateaued and has likely reached a sustainable minimum level and the themes and categories are broadly similar to previous years. There has been a shift from complaints about inpatients to outpatients.</p>	
<b>Recommendations:</b> <p>The Board is asked to note the report.</p>	
<b>This report has been discussed at: N/A</b>	
<b>Quality impact:</b> <p>Complaints &amp; PALS generally fall into the caring and responsive CQC domains</p>	
<b>Financial impact:</b> <p>The financial impact of this proposal as presented in the paper enclosed:</p> <ul style="list-style-type: none"> <li>▪ Has no financial impact</li> </ul>	
<b>Risk impact and Board Assurance Framework (BAF) reference:</b> <p>Failure to provide an effective complaints function would present a reputational risk to the trust and poor patient experience. On the current evidence this risk is low.</p>	
<b>Workforce impact (including training and education implications):</b> <p>None</p>	
<b>Has an Equality Impact Assessment been carried out or have protected groups been considered?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <p>The protected characteristics of complainants are monitored.</p> <p>If yes, are further actions required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<b>What impact will this have on the wider health economy, patients and the public?</b> <p>Prompt resolution of patient concerns will provide a better experience and enhance the reputation of the trust</p>	

**The report content respects the rights, values and commitments within the NHS Constitution**

Yes  No

**Trust strategic goals supported by this paper:**

Retain as appropriate:

- To help create a high quality integrated care system with the population of north west London
- To build learning, improvement and innovation into everything we do

**Update for the leadership briefing and communication and consultation issues (including patient and public involvement):**

Is there a reason the key details of this paper cannot be shared more widely with senior managers?

Yes  No

If yes, why?.....

If the details can be shared, please provide the following in one to two line bullet points:

- What should senior managers know?
  - That the trust has a high performing complaints function
  - That their continued support will maintain this
- What (if anything) do you want senior managers to do?
  - Nothing over and above what they are currently doing to support complaints investigations
- Contact details or email address of lead and/or web links for further
  - [Daniel.marshall@nhs.net](mailto:Daniel.marshall@nhs.net)
- Should senior managers share this information with their own teams?  Yes  No  
If yes, why? All staff have a role to play in managing patient/relative concerns

## **2018/19 Trust complaints service annual report**

### **1.0 Introduction**

Last year was another successful one for the Patient Advice & Liaison Service (PALS) and Complaints Teams. They maintained their high standard of service provided in the previous year, meeting all the key targets for timeliness and responsiveness to patients. The quality of responses provided by the complaints team was demonstrated again by the low number of complaints being reopened and referred to the Parliamentary & Health Service Ombudsman (PHSO) during the year, with only three of those being partly upheld upon investigation. PALS built on the success of their Volunteer Service by expanding the service from St Mary's to Hammersmith and Charing Cross Hospitals. Our volunteers have allowed us to highlight a number of 'low level' issues which are concerning to patients which might otherwise have not been highlighted via the PALS and/or complaints channels. This had led to service improvements on our wards and improved patient experience.

The headline performance figures for 2018/19 are:

- 985 formal complaints received (target <1080) and 2913 PALS cases logged.
- 99.5% of complaints were responded to within their agreed deadlines (target 95%)
- 99.5% of acknowledgment letters were sent within 3 working days (target 100%)
- 990 complaints were closed during the year with an average response time of 31 days (target < 40).
- 10 complaints were referred to the PHSO, the lowest to date.
- 7 outcomes from the PHSO were reported to the trust of which 3 were (partially) upheld; again the lowest to date
- Only 3.4% of complaints were re-opened; a continued improvement from previous years (target ,5%)
- Various members of the complaints and PALS team have been nominated by directorates for Make a Difference instant recognition awards. The PALS Volunteer Service has been nominated for team of the year at the annual Make a Difference Awards.

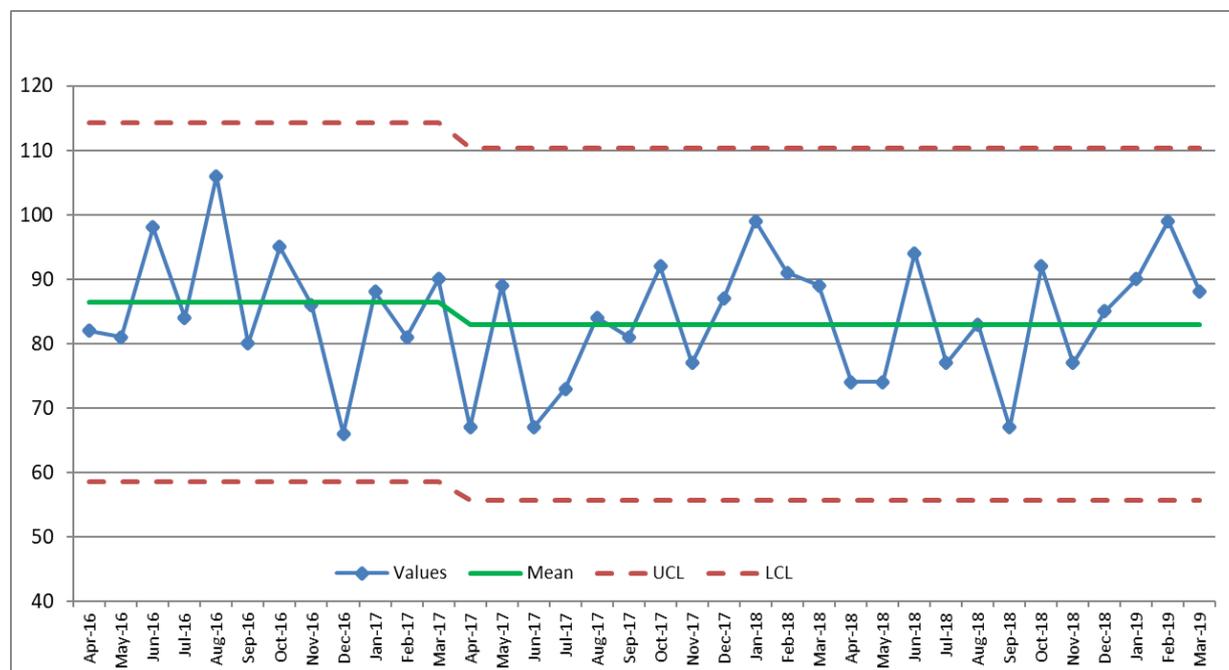
When looked at in relation to other trusts both nationally and within London, ICHT has performed particularly well in terms of meeting response targets and in the low number of PHSO cases relative to our overall caseload.

### **2.0 Numbers of Formal Complaints Received**

Last year the Trust received 985 formal complaints. This was a very slight increase from 979 the previous year, following significant falls during the previous years. The previous reduction reflected improvements across the PALS and Complaints services following centralisation. In the previous annual report, it was predicted that the number of complaints would plateau to a sustainable minimum level in the forthcoming year and this is indeed what happened. The fact that the number of complaints has not increased this year, despite there being a great deal of pressure on services, in part reflects the continued contribution of PALS in swiftly resolving concerns so that they do not unnecessarily escalate to formal complaints. PALS have been particularly key in managing concerns about appointments and cancellations.

The graph below shows the trend in the number of formal complaints being raised over the last three financial years. The rate of the fall has, as predicted, reached a sustainable minimum level.

**Graph 1: Numbers of formal complaints received for the last three years**



### 3.0 Complaints cases

We have observed increases in complaints relating to *attitude of staff, patient care and communications*. However, there has been an overall reduction in the proportion of complaints about *clinical treatment and appointments* over the year. This fall in the average was observed despite a spike in the number of appointment related complaints raised during the winter months.

We report the subject of complaints using standardised categories, set by NHS Digital, which allow for benchmarking across NHS Trusts. Table 1 highlights the top 5 categories of formal complaints received in the year in comparison with the previous year.

**Table 1: Formal complaints by category**

Category	2018/19	% of total	2017/18	% of total
Clinical treatment/patient care	355	36%	357	37%
Appointments	123	12%	141	15%
Communications	134	14%	133	14%
Values and Behaviours (Staff)	150	15%	132	13%
Admissions & Discharges	40	4%	57	6%
<b>TOTAL</b>	<b>802</b>	<b>81%</b>	<b>820</b>	<b>84%</b>

The proportion of formal complaints across the areas has remained broadly the same from 2017/18 to 2018/19. However, there are a few changes to note. Firstly, the proportion of

complaints about appointments has fallen slightly which continues a trend that started in 2016/17. Appointment issues make up a large amount of the PALS portfolio and this reflects the work PALS does to ensure that issues about appointment delays and cancellations are, where possible, dealt with quickly and at source without being escalated to the formal stage.

*Values and behaviours* (staff attitude) was identified as an emerging theme during 2016/17 and 2017/18 and the proportion of complaints had again increased slightly during the year. We anticipate that there will be an improvement during the coming year as the work being led by the Executive across the Trust to embed our values and behaviours takes effect. Additionally, targeted work has been taking place in Maternity Services, which was a particular area of concern last year in terms of staff attitude. Although there is more work to be done, there have been improvements in this area leading to a notable fall in complaints about the maternity, gynaecology and reproductive services.

During 2017/18 ICHT received more complaints about inpatients than outpatient services. During 2018/19, that situation reversed. This is likely due to the focus better management of patient ‘flow’ resulting in fewer delays and cancellations for elective inpatients. Additionally we received a number of complaints about the repeated postponement of routine follow up outpatient appointments.

The outcome of trust complaint investigations is that the complaint can be “not upheld”, “partly upheld” or “upheld”. For those cases which are partly upheld or upheld, actions and learning are extracted and recorded on the complaints change register for follow-up. Table 2 shows the outcomes of the 990 complaints investigations completed in 2018/19. Approximately half of all complaints investigated were not upheld, which is in keeping with previous years.

**Table 2: Outcomes**

	Upheld	Partly upheld	Not upheld	Total
<b>Total</b>	<b>251</b>	<b>239</b>	<b>500</b>	<b>990</b>
<b>Percentage</b>	<b>25%</b>	<b>24%</b>	<b>51%</b>	

#### **4.0 Parliamentary & Health Service Ombudsman (PHSO) Cases**

Table 7 provides a breakdown of all the PHSO decisions last year. The PHSO reviewed 10 cases, which amounts to 1% of the Trust’s annual caseload. This was a slight decrease on the 11 cases reviewed by the PHSO in 2017/18. The PHSO shared 7 outcomes (some cases were carried over from 2017/18) and only three were partly upheld, the rest being not upheld. When benchmarked against the Shelford Group of trusts, ICHT performed well in terms of the number of cases (3) upheld at Ombudsman review, with only Sheffield having fewer upheld (range 2 – 13)

**Table 3: Decisions the PHSO made last year by division**

Division	Upheld	Partly Upheld	Not Upheld
TOTAL	0	3	4

The Trust made monetary payments totaling £2650 last year to help remedy complaints where a service failure occurred.

## **5.0 Learning and Service Improvements following a formal complaint investigation**

The Complaints & Service Improvement Manager works with the wider complaints team to ensure that learning and actions are recorded when complaints are closed. The list is reviewed on a monthly basis and any outstanding actions are reviewed and flagged with the Divisional Governance Lead on a quarterly basis, at their Divisional Quality and Safety Committee meeting, until they are completed.

On a quarterly basis, the Complaints & Service Improvement Manager produces the Complaint & PALS Service Improvement report. This provides a regular update on numbers, themes and learning from formal complaints and PALS feedback. Learning and actions are also presented in a “You Said, We Did” section as well as a list of actions already undertaken. This is presented at the divisional Quality & Safety Committee meetings so that staff are able to see how we have learned and improved because of a complaint investigation. It is also shared with Healthwatch and the Trust Executive.

As well as immediate improvements, the Complaints & Service Improvement Manager uses complaints data to identify and make significant service improvements. The current significant service improvement received approval has two distinct but related components: first, improving the way we record low-level patient and family concerns on Cerner (the electronic record system) to ensure that they are followed up appropriately. Secondly, ensuring we consistently make clinicians aware of clinics where patients who have previously raised concerns or experienced prior cancellations will be attending. This is so that they can pre-empt complaints and offer appropriate apologies.

Other examples where changes have been introduced as a direct result of complaints include:

- Bespoke training for staff on how to support women following a miscarriage
- The appointment of a renal transplant specialist nurse
- Additional breastfeeding training for staff in maternity
- Bespoke deaf awareness training and a method of identifying patients with hearing loss, co-designed with a complainant.

## **5.0 Conclusion**

The complaints team will focus in 2019/20 on maintaining the high quality of its responses, reducing the “re-open” rate further and continuing to ensure that cases are not upheld upon review by the PHSO. Although there is more work to be done with some service areas, we now have a structured and systematic approach to learning from complaints. We gather evidence that learning and actions have occurred and we share this via our reporting mechanisms as well as the presence of complaints staff at key divisional meetings.

As predicted in last year’s annual report, the number of formal complaints received has plateaued and has likely reached a sustainable minimum level.