



Complaints Annual Report

Approval Committee	Author
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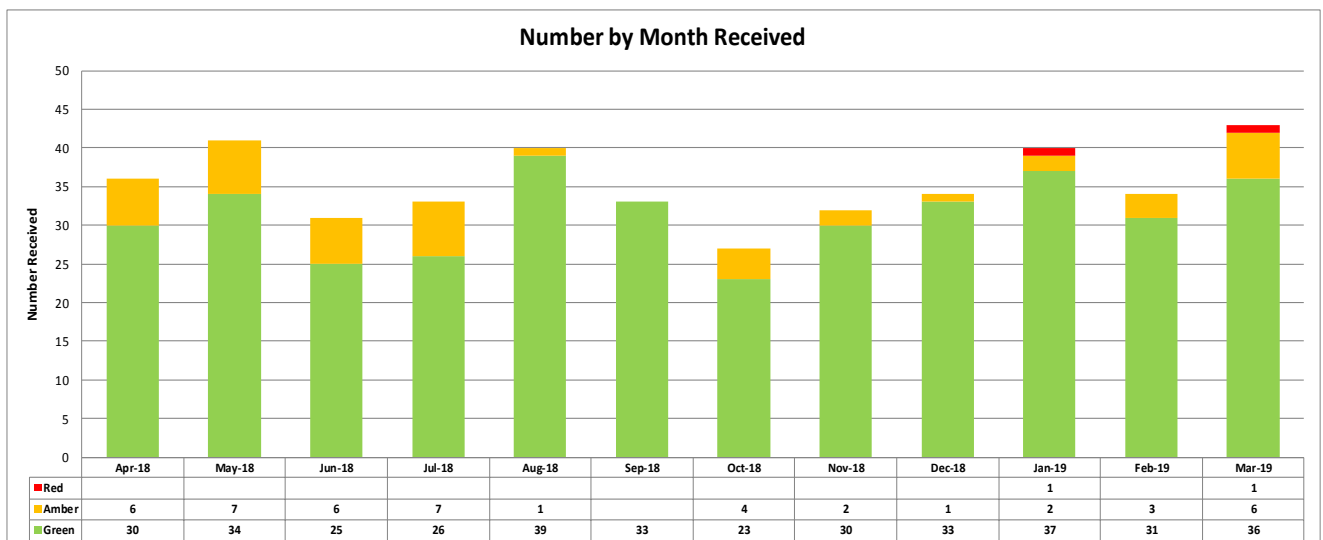
1.0 Introduction

We are an organisation that is committed to learning from complaints and implementing this learning through continual improvement. Complaints made to the Trust are managed within the terms of the Trust’s complaints procedure and national complaint regulations for the NHS. The overriding objective is to resolve each complaint with the complainant through explanation and discussion in a timely manner. Following an increase of patient throughput in the Trust the number of complaints has also shown an increase over 2018/2019 compared to previous years. This increase can be attributed to the change in Trust policy which simplified the recording of the complaints and removed the categorisation of written concerns. Taking into consideration when looking at the number of patients treated at the hospital, a total of 582040, the percentage of complaints received is 0.07%.

Under the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, the trust must prepare an annual Learning from Complaints report each year. The report must specify the number of complaints received and the number of complaints which the trust decided were well-founded. It must also summarise the subject matter of complaints and any matters of general importance arising from those complaints. It must also include the way in which the complaints have been managed and any actions that have been, or are to be taken to improve services as a consequence of those complaints. The report will be publicly available on our website.

2.0 Number of Complaints Received

There were 426 formal complaints received by the Trust for 2018/19, which is an increase on the previous year (310 complaints received in 2017/18, 293 complaints received in 2016/17, 313 complaints received in 2015/16).



In 2018/19 there was an overall annual rolling average compliance response time of 68%. This falls below the Trust Policy of the response performance being at or above 75%. Of note the Trust achieved this for three of the past twelve months, see table below. Complaints compliance data is discussed at the Complaints Performance meeting on a monthly basis. As there has been an increase in the number of complaints processed since 2017/18 and a decrease in the response rates the individual care groups have set up regular performance meetings in the directorates. These meetings have enabled the directorates to address their response rates and an improvement has been noted.

	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Rolling 12 months
1st Responses Due in Month	26	44	34	36	40	31	36	41	24	29	40	34	35	426
Number Where 1st Response Completed On	17	29	24	26	30	21	18	32	13	22	27	21	25	288
Percent With 1st Response On Time	65%	66%	71%	72%	75%	68%	50%	78%	54%	76%	68%	62%	71%	68%

2.1 Table depicting volume of formal complaints and rolling average annual response time

Reporting Years	2014/15	2015/16	2016/17	2017/18	2018/19
Volume of Formal Complaints	214	314	293	310	426
Response time Annual Rolling Average 25 working days	Previous reporting method-not comparable	54%	76%	72%	68%

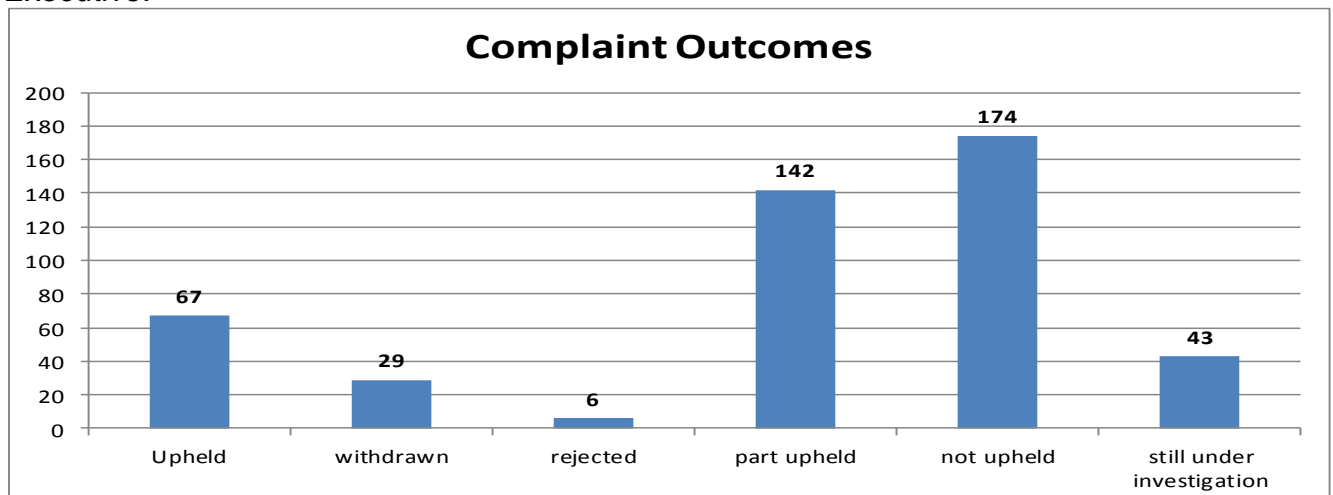
2.2 Reopened complaints

Since implementing the new Complaints and Concerns policy the trust has seen a reduction in the number of reopened complaints. This is believed to be due to the investigation timescales being adapted to reflect the complexity / severity of the complaint.

Reporting Years	2017/18	2018/19
Volume of formal complaints reopened	77	40
Percentage of total complaints received	25%	9%

3.0 Complaint Outcomes

There were 426 formal complaints reported into the Trust with appropriate apologies offered and the outcome of the investigation provided in the letter of response from the Chief Executive.

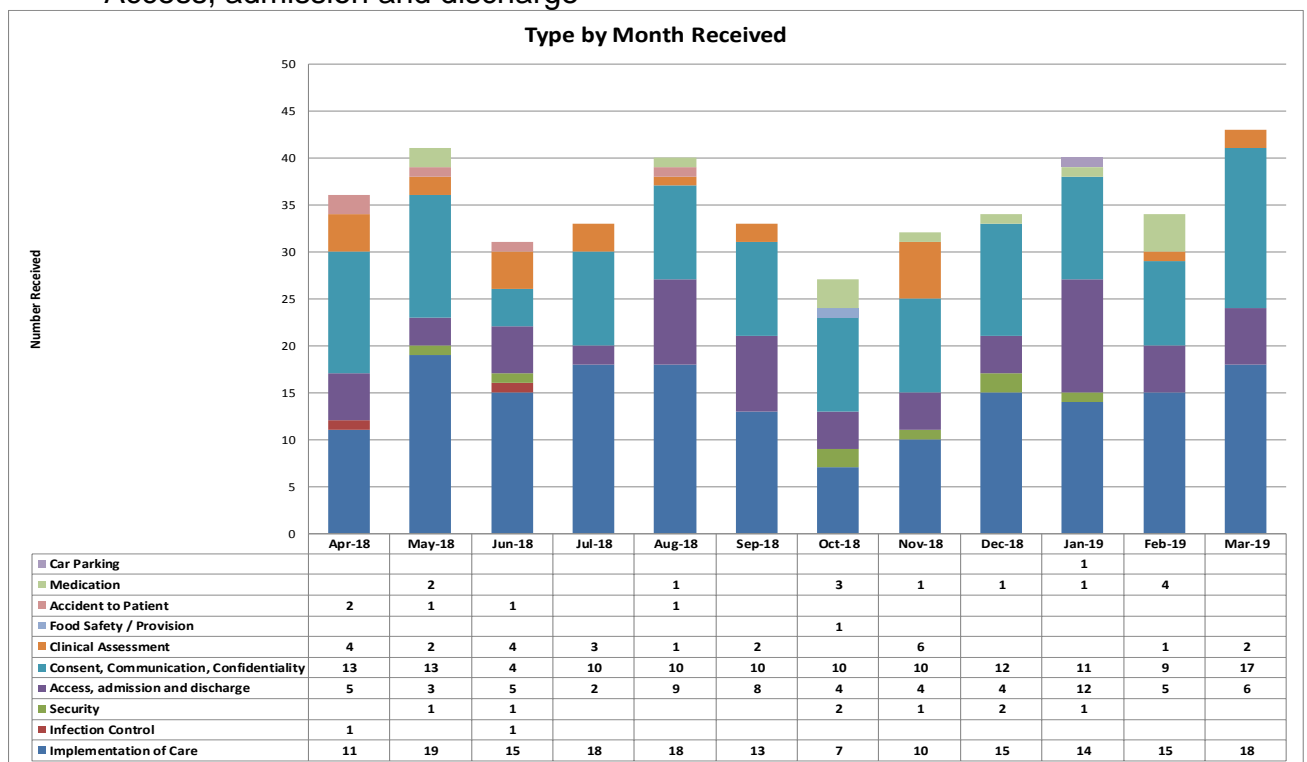


The previous table shows the final outcome after the investigation has been completed and response sent. This is separated into the above categories. Upheld complaints are complaints that have been found to be true and correct. Withdrawn complaints are complaints that the complainants have decided they no longer wish to pursue. Rejected complaints are complaints that on review the Trust will not investigate, this may be due to the complaint being out of time or the complaint has previously been responded to. Part upheld complaints are on investigation found to be partially true and correct. Not upheld complaints are on investigation found to be incorrect or untrue.

4.0 Subjects of Complaints

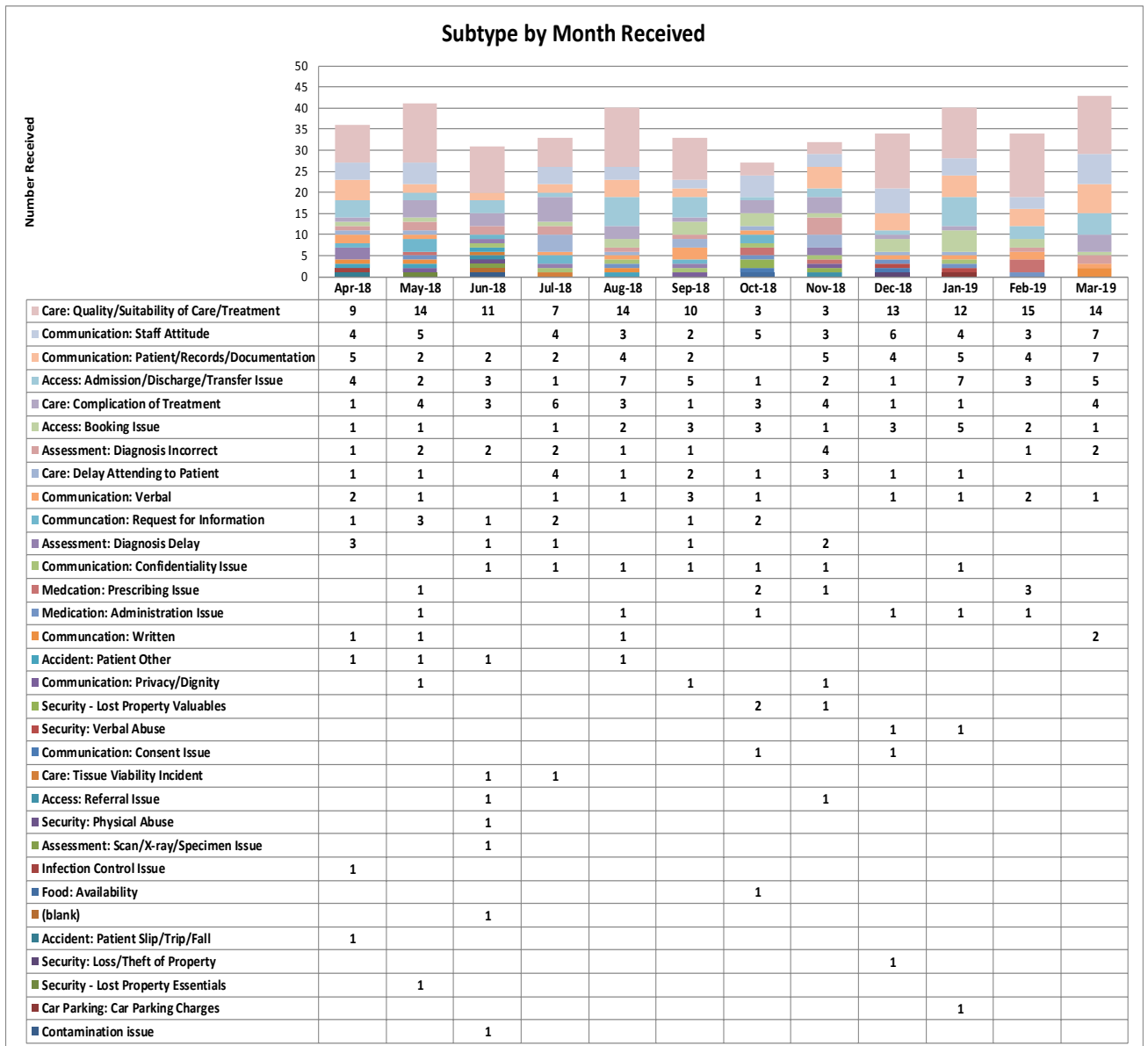
The main proportion of complaints are within the following categories or types (in order of magnitude);

- Implementation of care
- Communication and consent
- Access, admission and discharge



The above categories are broken down into various subtypes with the main proportion being;

- Implementation of care
 - Quality / Suitability of Care / Treatment
- Communication and consent
 - Staff Attitude
 - Patient / Records / Documentation
- Access, admission and discharge
 - Admission Transfer and Discharge



This data is reflective of the top three themes from 2017/18 in similar volumes.

The Complaints performance meeting reviews the themes. The complaint prevalence and themes are also discussed in the Care Group governance meetings. The themes are also included in the assurance papers provided to the Healthcare Assurance Committee and to the Trust Board.

A number of complaint resolution meetings were held with complainants and key staff to assist with resolving complaints. The majority of these were effective in resolving concerns as advised by the complainants.

4.1 The main categories of complaint were as follows:

Type	2014/15	2015/16	2016/17	2017/18	2018/19
Admission, transfer and discharge	47	62	52	46	67
Communication and consent	43	55	61	105	131
Clinical Assessment	35	58	25	22	25
Environment	0	0	3	0	0
Equipment	0	2	2	1	0
Food Safety and Service	0	1	0	0	1
Implementation of care	64	113	135	122	173
Infection Control	2	0	2	4	2
Medication [inc medical gases]	2	9	1	7	13
Patient accident [other than falls]/self harm	5	7	5	2	5
Security	0	3	2	1	8
Staff incident	0	1	0	0	0
Treatment, procedure, care	11	1	0	0	0
Visitor incidents/accidents	0	1	1	0	0
Not Recorded	0	1	1	0	1
Grand Total	214	314	293	310	426

4.2 Breakdown of two top categories

Communication and Consent

The main volume of complaints in the communication theme relates to staff attitude and patient / records / documentation which shows an increase to the previous year.

	2015/16	2016/17	2017/18	2018/19
Communication: Staff Attitude	30	30	42	43
Communication: Patient/Records/Documentation	6	9	23	43
Communication: Verbal	2	7	11	15
Communication: Confidentiality Issue	2	5	7	7
Communication: Written	4	5	6	5
Communication: Request for Information	4	3	12	10
Not Recorded	7	0	2	3
Communication: Privacy / dignity	0	0	1	3
Communication: Consent Issue	0	2	1	2
Communication and consent total	55	61	105	131

Implementation of Care

Implementation of Care is mainly around quality and suitability but also complications of treatment, the data shows an increase to previous years.

	2015/16	2016/17	2017/18	2018/19
Care: Complication of Treatment	24	22	23	32
Care: Delay Attending to Patient	10	9	11	15
Care: Privacy/Dignity	1	1	0	0
Care: Quality/Suitability of Care/Treatment	72	101	88	124
Care: Tissue Viability Incident	1	0	0	2
Not Recorded	5	2	0	0
Implementation of care total	113	135	122	173

Complaints within these categories remain the focus of the improvements within the Complaints Performance Meeting. Learning from Complaints within the system will support the required improvement too.

5.0 Feedback from Complainants

The Clinical Commissioning Group (CCG) conducted a quarterly audit on the complaints process used at the Trust. In these audits the whole process from receipt of complaint to final response is looked at. Positive feedback had been received from the CCG regarding the way the complaints are handled and responded to, including the style and accuracy of the responses.

Following the introduction of the new NHS contract which includes complaint reassurance, the CCG have advised that they will no longer be performing their quarterly audits.

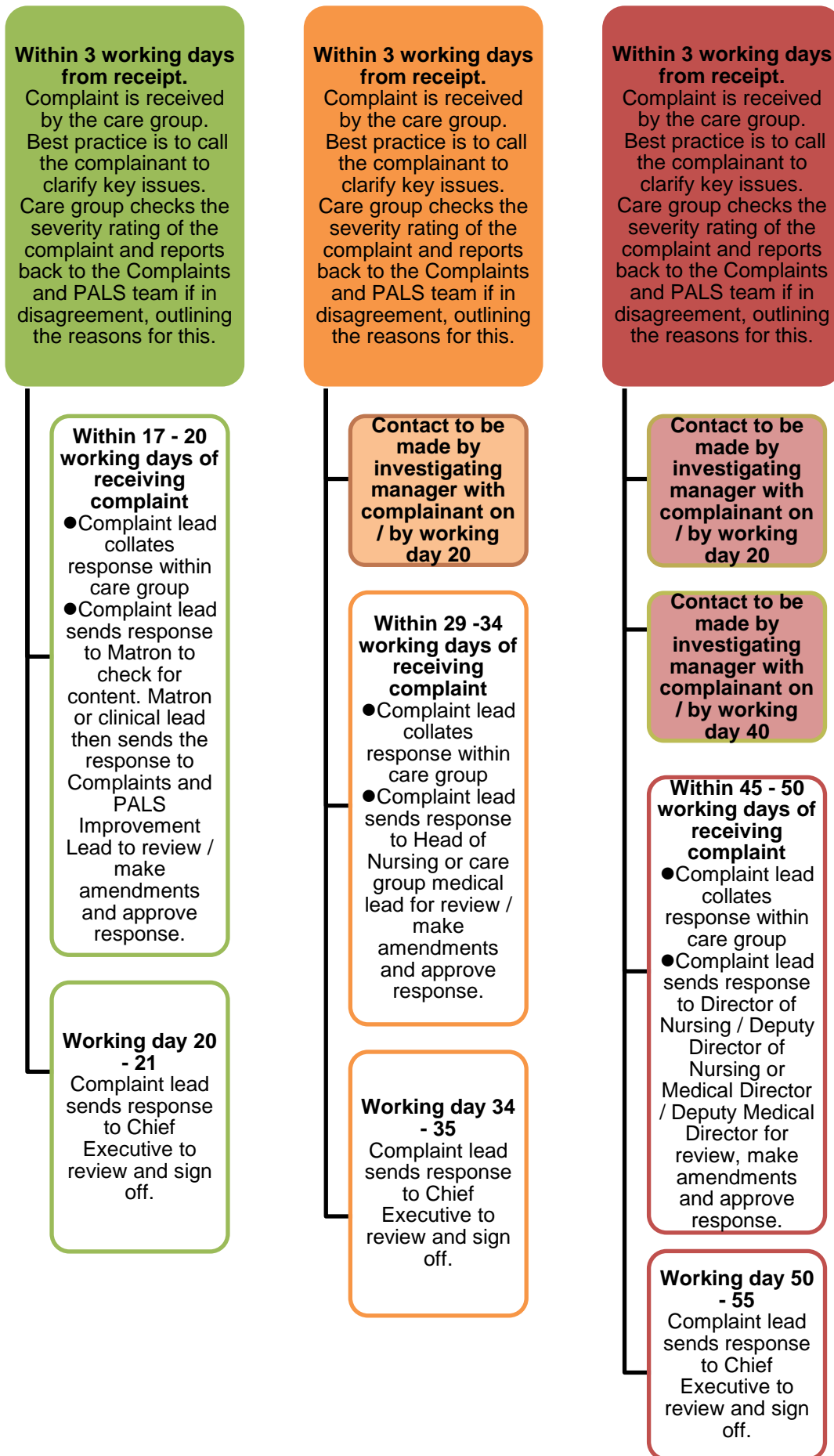
6.0 Complaint process

On 1 September 2018 The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust implemented a new complaint and concern policy which dramatically changed the way that complaint responses were completed. All complaints and concerns received from this date were complexity / severity rated and based on the rating for each complaint; there were three complaint response timescales introduced. A green rated complaint has a response timescale of 25 working days, an amber rated complaint has a response timescale of 40 working days and a red rated complaint has a response timescale of 60 working days.

We recognise that complainants would be waiting longer to get responses due to the increase in the time provided to the more complex / severe complaints. With this in mind we built into our policy contact points that the investigating manager is expected to make contact with the complainant. All complainants must now be contacted by the investigating manager within five working days of the manager receiving the complaint. Amber rated complaints also have a contact point at around working day 20 and red rated complaints have contact points around working days 20 and 40.

Meetings with complainants continue to be offered and taken up by complainants and staff are much more responsive in terms of resolving an arising concern.

Complexity / severity rated response time scales and expected contact points

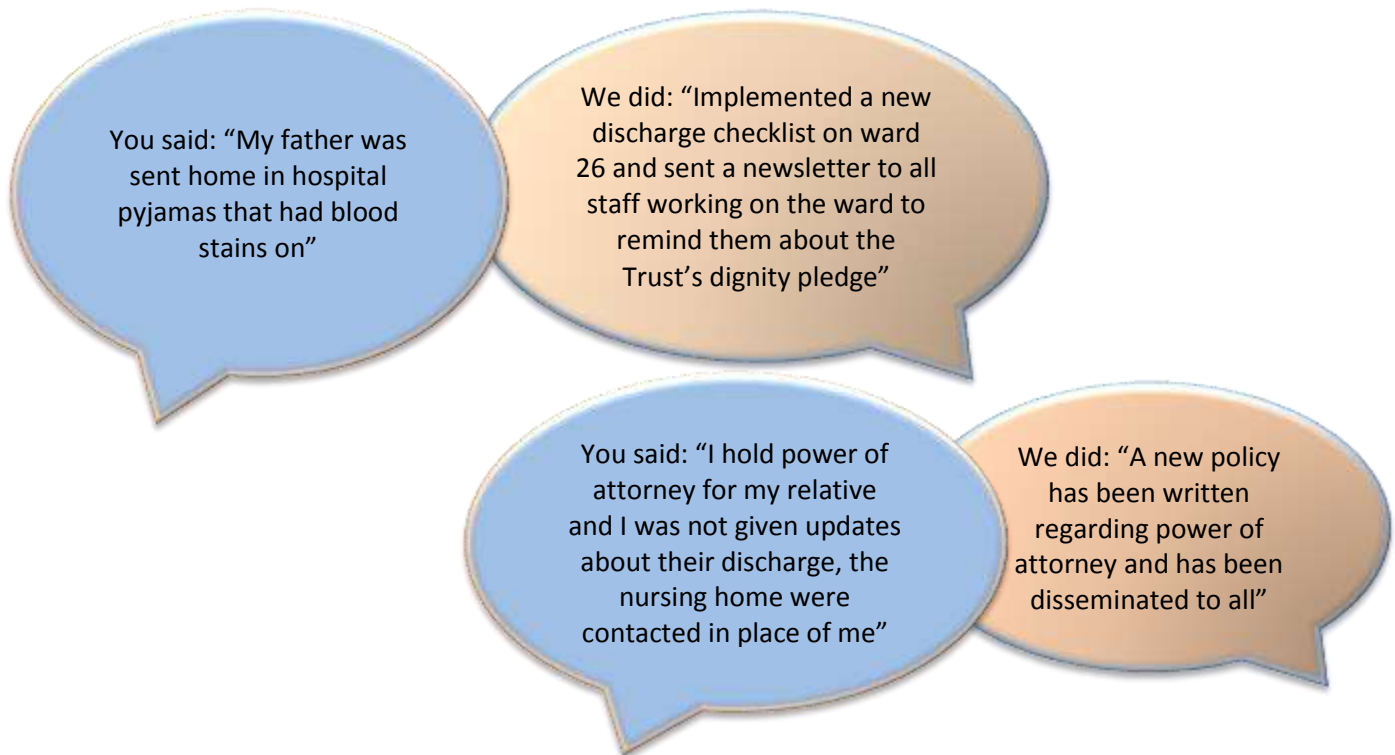


7.0 Improvements and learning resulting from Complaints

Directorates are required to follow through changes resulting from complaints within their own risk and governance meetings, recording these and reporting them into their governance meetings. Part of the complaints process is that the manager completes a Complaints Outcome Audit (COA) form which becomes part of the complaint file. The Trust Complaints Performance meeting convenes monthly to review complaints response times, key themes and shared learning from complaints. This has enabled stronger engagement with the directorate teams.

It is important that lessons are learnt and improvements made from complaints, with this in mind two regular items on the agenda for the monthly Complaints Performance meeting are key learning from complaints and Care Group sharing – reflective practice. During these sessions there is a rotation for the directorates to bring a detailed example of lessons learned from a complaint that they had processed. For example, one directorate explained how they had invited the complainant to come and speak with the staff in a review session to give their view of what happened that resulted in the complaint being submitted. All staff that had attended the review session with the patient reported that they had benefited from hearing directly from them and that they would change their working practice directly due to this experience reported by the patient.

One of the main purposes in investigating complaints is to identify opportunities for learning and change in practice to improve services for patients. Examples of changes brought about through complaints are as follows and have been reported on the Trust website. Whilst the Trust reorganised the Team structure and processes around complaints and their management, focus was maintained on improving performance. Performance is monitored at the monthly Complaints Performance Meeting. Here are some examples of changes made as a result of the complaint and the subsequent investigation:





Here is a further selection of learning from complaints over the past year.

You said	We did
I had to wait weeks for any information about a biopsy that had been done	The Clinical Nurse Specialists will now dictate a letter to the patient on the day of the biopsy advising of the next steps in the process.
My father was discharged from hospital and turned up at home in clothes that were not his, it was a shock	On discharge it was noted that the patient only had his pyjamas at the hospital, in line with our dignity pledge the nursing team got some clothes from the hospital charity shop to enable to patient to be discharged in clothing and not his pyjamas. Reminded staff of the importance protecting patient's modesty and communicating with their relatives.
My husband was brought to the hospital as an emergency but when I arrived the receptionist was not helpful and was rude	We apologised for this happening and sent all receptionists in the Emergency Department onto customer care training.
I was unhappy with the manual handling techniques that I witnessed in the Emergency Department	Our investigation identified there was additional training needed in manual handling and incident reporting. This was put in place and all staff attended
I had a x-ray done and 3 months later I was contacted and informed I needed further treatment and an MRI	We changed our process for contacting patients. There is now a dedicated Emergency Nurse Practitioner to ensure that all patients are contacted 3 times and if not able to make contact the Consultant will sent a letter to the patient and GP advising of further treatment needed
Patient was discharged without a discharge summary so was unaware of the deep vein thrombosis (DVT) safety information provided	We created a separate leaflet about DVT safety information that is given to patient's when discharged

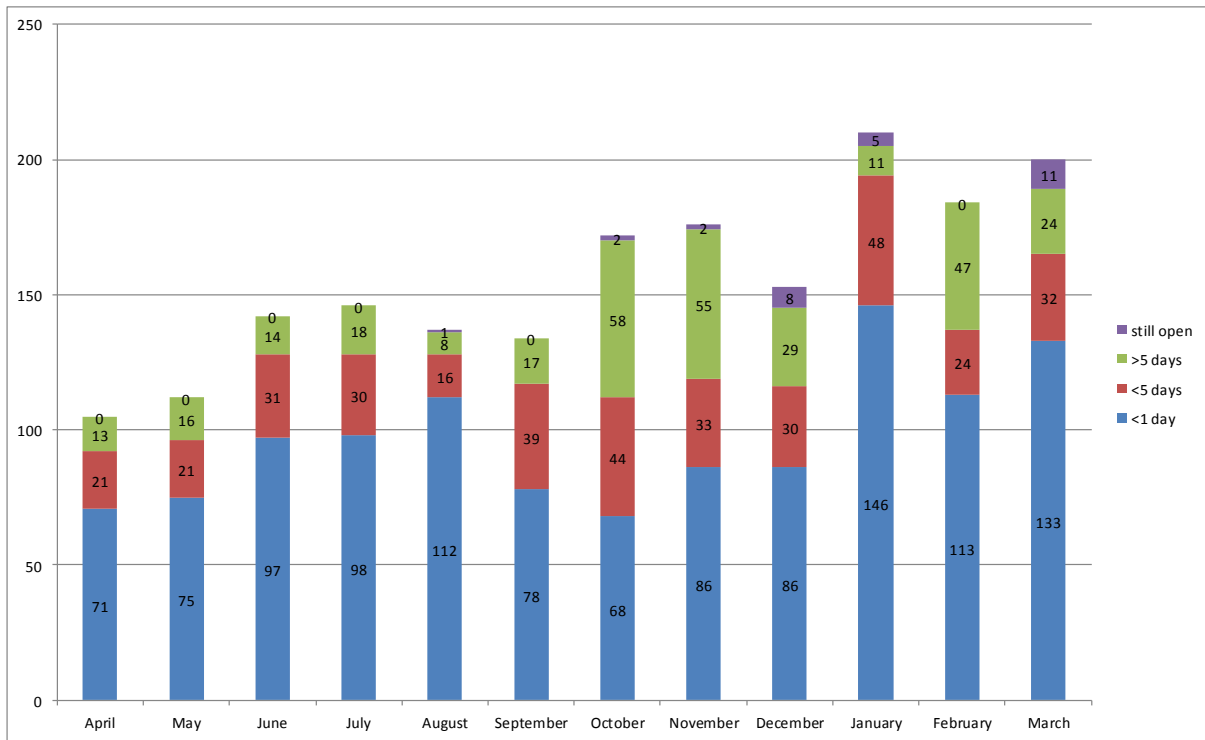
Patient had a fall on the ward	This was investigated and learning from falls action plan updated and monitored. The information was communicated to all nursing staff, they are required to do immediate assessment of any fallen patient and complete neuro observations as per policy.
I received my discharge summary and it says that I have a history of psychoactive substance abuse, I was an ex-smoker not drug abuser	The clinical coding team advised that this is because of a change in the national codes that are provided by the World Health Organisation (WHO). After this was raised the coding team have been able to change the discharge summaries to state "ex-smoker".
I had my surgery cancelled on the day because I administer my own eye drops.	This was a day case procedure so was not anticipated and no pre-assessment attended, department have started to telephone day case patients to check if there are any expected issues.
I do not feel that there is sufficient support for patients with dementia at the hospital	The complainant met with the dementia team, recognising that there is always more that can be done they are now part of a focus group to improve the service further
Staff were fantastic but on discharge I felt it was all rushed	Reminded staff of the importance of giving clear information and allowing patient's to ask any questions they have

8.0 Patient Advice and Liaison Service (PALS)

The focus of the Patient Advice and Liaison Service (PALS) in resolving concerns informally with front line staff continues to be constructive and relationships within the Trust have also supported early resolution.

Care Group	Concerns															Change	Trend
	Number Due	Number on time	% on time April 2018	% on time May 2018	% on time June 2018	% on time July 2018	% on time August 2018	% on time September 2018	% on time October 2018	% on time November 2018	% on time December 2018	% on time January 2019	% on time February 2019	% on time March 2019			
CGRPA	477	399	100	89	100	93	100	100	78	72	67	95	84	85	▲		
CGRPB	657	494	100	86	100	88	100	100	63	56	49	91	69	78	▲		
CGRPC	261	216	100	100	100	77	100	100	76	61	75	100	100	89	▼		
OTHER	458	414	100	73	100	95	100	100	72	82	88	98	95	91	▼		
PRIVATE	6	5	0	0	100	100	0	100	0	0	0	0	100	0	▼		
GRAND TOTAL	1859	1528	100	88	100	100	100	100	70	68	66	94	84	85	▲		

With the implementation of the new Complaint and Concerns policy on 1 September 2018 the expected timescale for responding to the PALS concern was lowered from 25 working days to 5 working days. The graph below shows the response rates for PALS concerns in number of days it took to get resolved, a high proportion of these are resolved on the day of receipt.



9.0 Referrals to the Parliamentary Health Service Ombudsman (PHSO)

Complainants who remain dissatisfied with the response to their complaint at local resolution level were able to request an independent review to be undertaken by the Parliamentary Health Service Ombudsman (PHSO).

After receiving a response from the Trust, complainants are advised to contact the PHSO if they remain unhappy. In 2018/19 sixteen cases were investigated by the PHSO with 3 fully or partially upheld, 8 not upheld; 4 cases are still in progress and 1 was rejected. This shows a slight increase in the number taken to the PHSO and a decrease in the number upheld.

Year	Investigated	Upheld (fully or partially)	Not Upheld	Not investigated
2018/19	16	3	8	1
2017/18	19	8	7	4
2016/17	20	10	9	1

10. Summary

In summary, in 2018/19 the management and resolution of complaints for our patients, their relatives and carers has seen an improvement, however the response rate has dropped slightly. The improvement has been shown by the use of resolution meetings providing successful outcomes for the complainants and the drop in reopened complaints. It has also been demonstrated that more complex complaints need more time to investigate thoroughly. Through streamlined processes and staff engagement the response rate for non-complex complaints has improved and this has been sustained.

Quality reviews by our partners in Healthwatch and our Clinical Commission Groups have supported us to make further improvements in the quality of our responses. Learning from complaints is an integral part of the process and this has been managed and supported through the governance and Directorate structures.

11. Recommendations

The Clinical Commissioning Group (CCG) have advised that they no longer require regular audits of the complaints process as this now forms part of the NHS contract. Recommendation is made that the Trust seek an external team to perform deep dive audits into the complaints process as and when required or if an area is noted to be failing with its response rates.

The Healthcare Assurance Committee is requested to note the annual Complaints report which is provided for information.