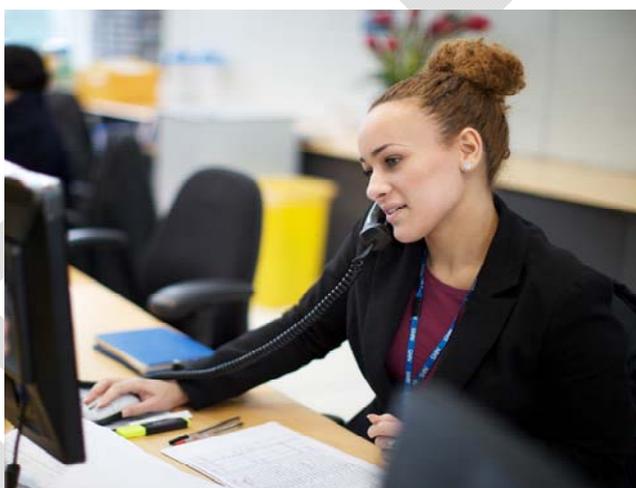


Patient Advice and Complaints Annual Report 2015-16



A requirement of the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 is that each Trust publishes an annual report providing the following information:

1. The number of complaints received;
2. The number of complaints with which the Trust decided were well founded;
3. The number of complaints referred to the Ombudsman of which the Trust is aware of; and
4. A summary of the subject matter of the complaints, any matters of general importance arising from the complaints and any actions taken to improve services as a consequence of complaints.

Patient Advice and Complaints Annual report 2015-16

Background/Introduction

This annual report reflects all complaints and concerns made by (or on behalf of) patients of the Trust, received between 1 April 2016 and 31 March 2016.

The Trust is grateful to those patients and families who have taken the time to raise concerns and acknowledges their contribution to improving services, patient experience and patient safety.

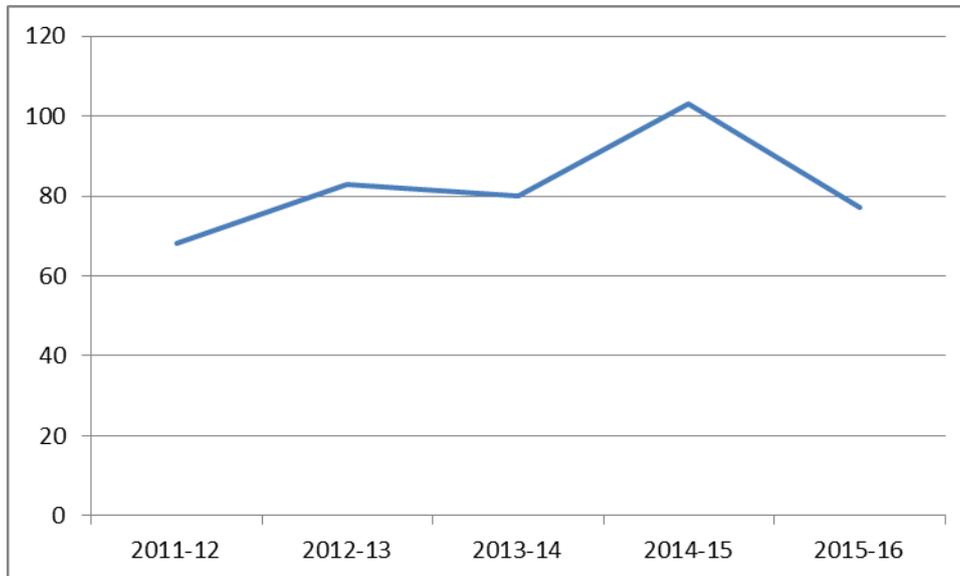
On a small number of occasions, the level of service provided might be below an expected standard. We are never happy when this happens and will make every effort to handle complaints directly and quickly, with fairness and with confidentiality. As part of our drive to receive real feedback on our services we welcome comments from the people who use our services and their families. There are always lessons that can be learnt, either locally or more widely across the Trust. Services can always improve as a result of listening to individual experiences.

The Trust's Chief Executive has overall responsibility for ensuring compliance with the arrangements made under the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009. The Chief Executive (or designated other) responds in writing to all formal complaints raised with the Trust.

The Trust Board performance monitors complaints via the Quality and Safety Committee, which is chaired by a Non-Executive Director of the Trust Board. The Patient Advice & Complaints Department provides 6 monthly reports to the Quality and Safety Committee which has a duty to consider and action any recommendations made.

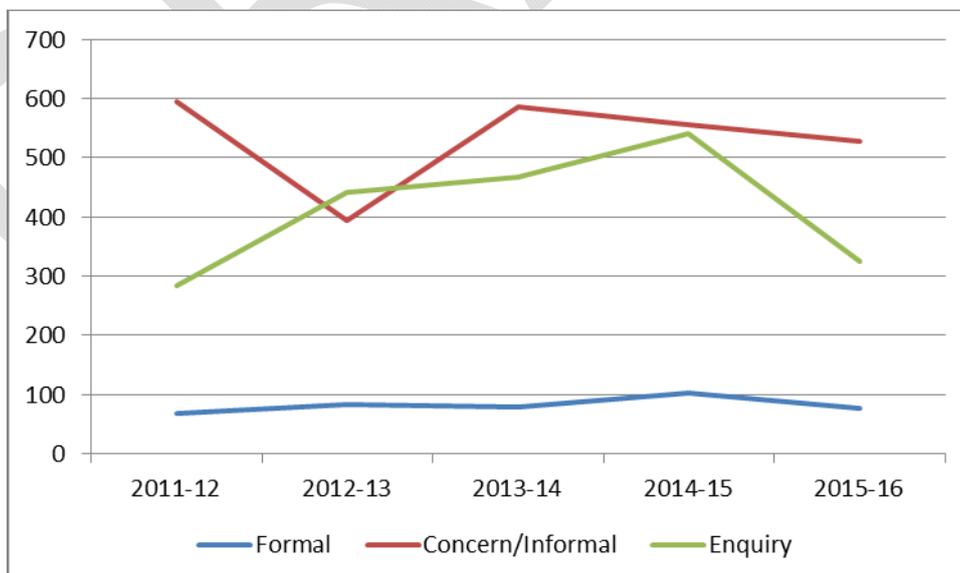
1. Complaints and PALS – Statistics

The Trust received **77** Formal Complaints during 2015-16. This is a decrease of **32%** of the previous year.



Whilst there has been an increase in engagement from managers to resolve issues at a local level, the number of concerns has also reduced. It should be noted that during the 2014/15 period the number of formal complaints were unusually high. The decrease in formal complaints may be as a result of changes to the complaints process and increased involvement of managers in face to face resolution meetings.

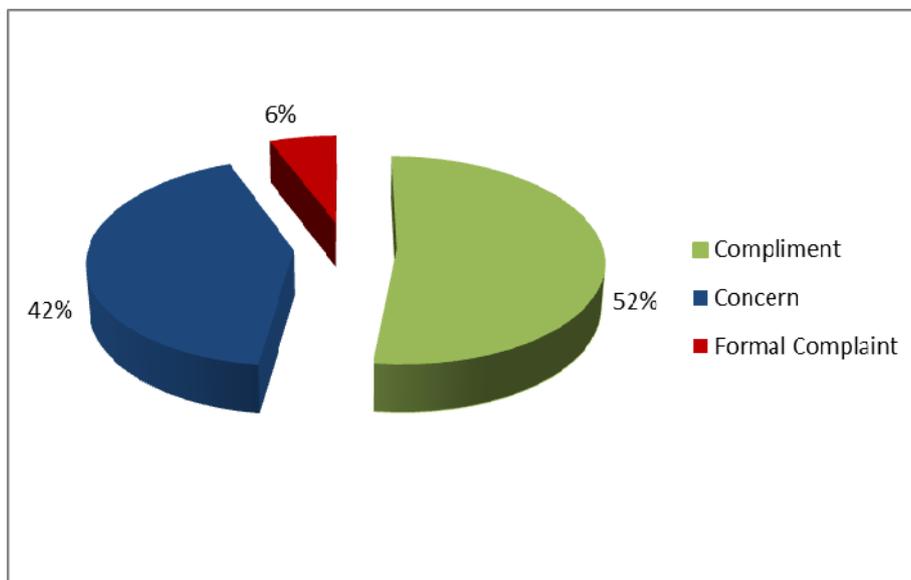
During 2015/16 the team dealt with **528** Concerns and **325** enquiries. The graph below compares the figures for all contacts for the last 5 years.



There were **20** interagency complaints, either co-ordinated by the Trust or by the other organisation which is a decrease of **5** on the previous year.

Anyone who formally complains is advised of the advocacy services available to them. Of the complaints received in 2015/16, 4 have been supported by advocacy services, which is a decrease from the previous year. Feedback from advocacy services is that the Trust has a good policy in place and that people who are complaining feel listened to.

The chart below also demonstrates that the majority of feedback the Trust receives are compliments and the greatest number of concerns are locally resolved, highlighting the commitment to local resolution of concerns.

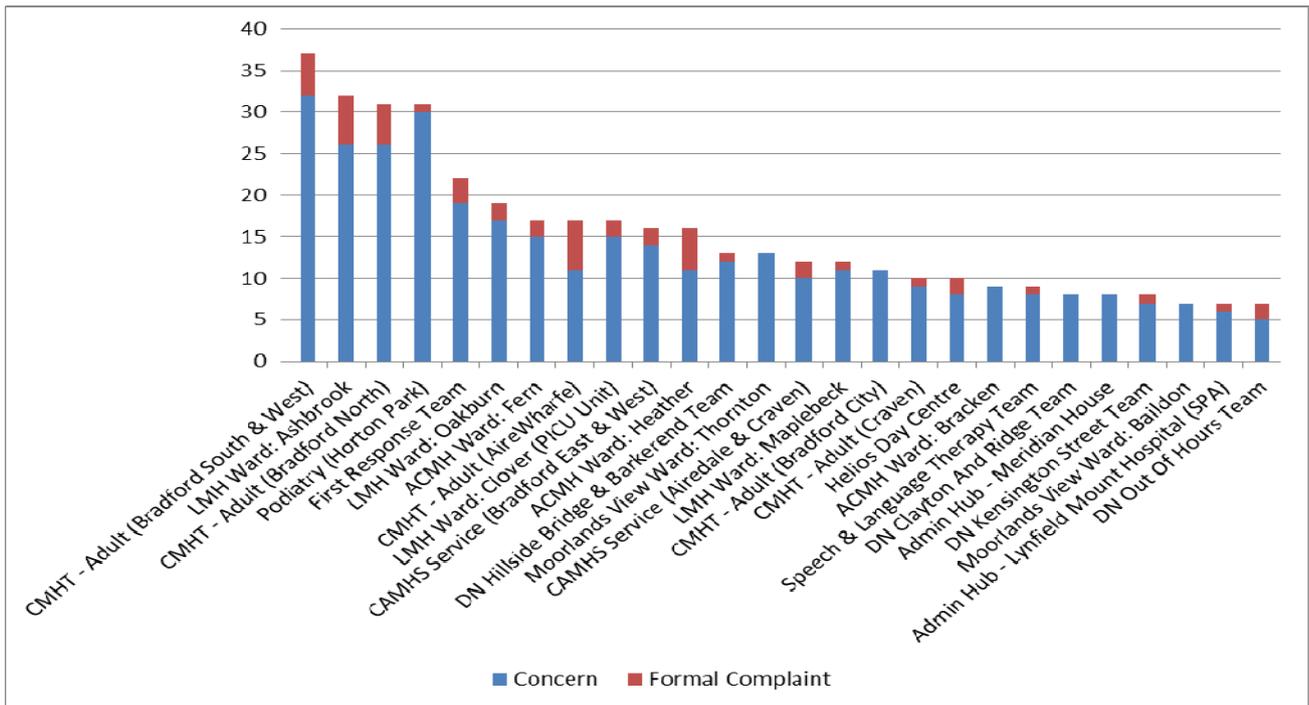


It is disappointing to report that we were not compliant with the target of acknowledging formal complaints in 3 days achieving 96%, compared to 100% the previous year.

The Trust responded to **97%** of formal complaints within the agreed timescale. The Patient Advice and Complaints department did not meet the expected targets.

The Complaints Manager reviewed this and found that correct processes had not been followed and that absence in the team was a contributory factor. To help prevent this happening again the Manager reviewed the process for managing deadlines and ensured that the staff team are aware of the requirements. Additionally, the manager/nominated other is now attending the daily review of all open cases.

2. Formal Complaints and Concerns received by Department in 2015-16



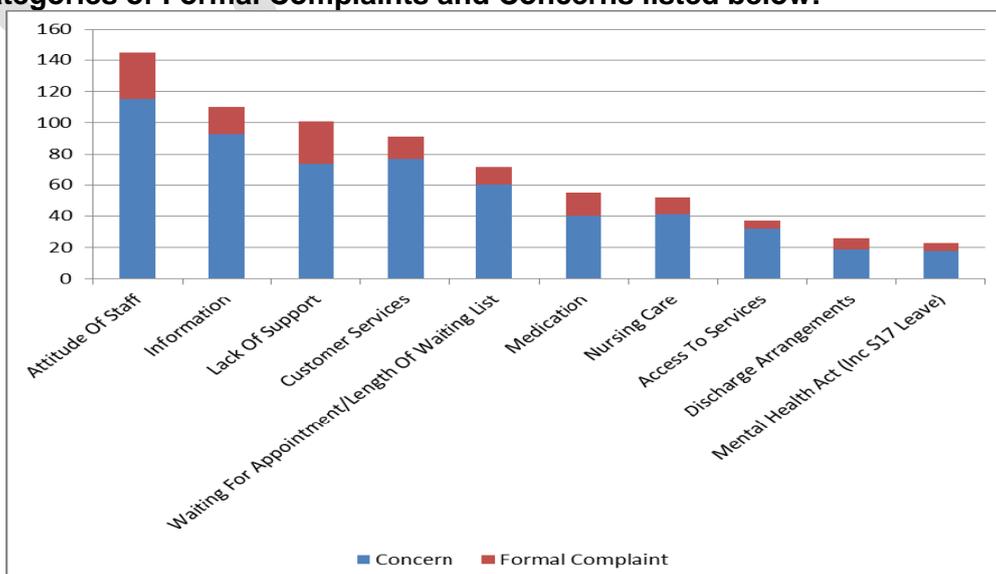
Where specific areas have been of concern these are highlighted to Managers in monthly reports compiled by Complaints, Serious Incidents and FFT.

Trust Board are notified via the monthly dashboard and themes and trends are reported into the Quarterly reports to Quality and Safety Committee.

CMHT's and in-patient services continue to feature highly in complaints and concerns which is consistent with previous years. Themes and trends are highlighted to managers and actions to address issues are implemented and monitored through the Serious Incident and Complaints Forum.

3. Categories of Complaints and Concerns

Top 10 Categories of Formal Complaints and Concerns listed below:



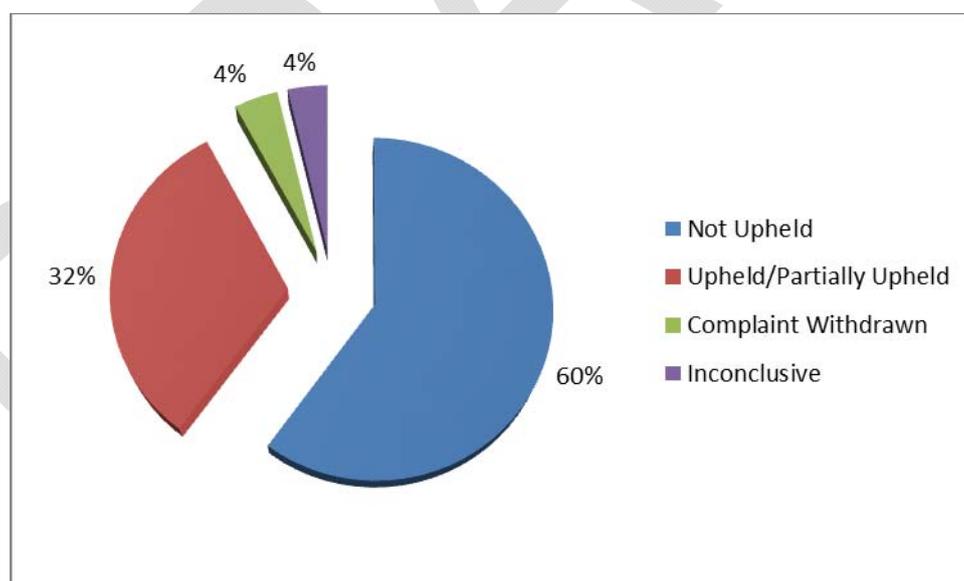
The highest reporting categories remain broadly the same as previous years.

- **Attitude of staff:** Is reported across all areas of complaints. Where there are concerns about individuals these are dealt with by managers. Teams also use reflective sessions and have received customer care training. Additionally, the training in local areas now includes concerns/complaints about that area or discipline. This is an opportunity for staff to reflect on why concerns about attitude of staff arise.
- **Lack of Support:** This theme often highlights that the service user has felt their needs have not been met and/or the level of service expected was not received.
- **Information:** This category features within in-patient complaints. The issues often arise from carers who have stated they have not been kept informed of key issues such as changes to leave status, progress, discharge arrangements. These findings will be shared with the Head of Service for consideration.

Monthly and quarterly reports are shared with Service managers to target areas where concerns are raised. It should also be noted that compliments and FFT data reflect service users having positive experiences with services, and are often around good attitude of staff and level of support given.

4. Summary of formal complaints upheld

The graph below indicates the outcome of formal complaints closed during the 2015-16. The graph represents each component of the complaint. A complaint should be upheld when the findings show that the service/care did not meet the appropriate standard.



A complaint is not upheld when the investigation determined the events did not happen as the complainant claims or there is insufficient evidence. It is upheld when events happened as described, there was a failing on the part of the Trust or on the balance of probabilities that the complainant's allegation is true.

The Complaints figures for the Trust are reported to the Department of Health (DoH) annually via the KO41 for national reporting purposes. If any component of the complaint is upheld or partially upheld, this is recorded by the DoH as upheld and is reflected in their figures which are published annually.

5. Learning from Complaints and Concerns

Recommendations made as a result of individual complaints are monitored and implemented via action plans developed by the services and monitored through local governance arrangements. The Patient Advice & Complaints Department provides monthly reports to service areas with regards to the progress of these.

Below are some examples of improvements and actions taken following complaint investigations and local resolution of complaints during 2015-16:

Podiatry – after a domiciliary visit was not arranged for a patient, the service will be ensuring that the Podiatry Domiciliary Team accurately add patients back to the correct waiting list to ensure they receive their next appointment. In addition to this, the service have also reviewed how the domiciliary patients who are not assigned to a podiatrist's specific caseload are managed.

School Nursing - A School Nursing Standard (best practice guidelines) for confidential Drop- In/ Consultations with Young People has been produced to ensure clear guidance for all staff.

CMHT – concerns were raised about the length of time taken to receive a letter following an appointment. Guidelines of timescale's between clinic appointment's and letters being sent to GP's have been developed in conjunction with the Medical Lead for CMHT's

A formal complaint was raised about a Community Mental Health Team not informing the patient about a cancelled appointment, Team Leaders have reviewed how patients are notified with cancelled appointments and how work absences from staff are reported to avoid another recurrence.

Memory Assessment Team - in response to a formal complaint the Memory Assessment clinic has developed a leaflet to ensure patients are aware on how to change their appointment and letters which follow after their appointment.

In-patients - A carer raised concerns about the observation of a patient who had been transferred to an acute hospital, specifically around the observing nurse's role and communication with carers. The Clinical Manager has reviewed the Trust Observation Policy to ensure a shared care plan is developed for both physical and mental health needs when someone is admitted to a General Hospital ward, and identifying clear roles and responsibilities.

Acute in-patient services have developed a newsletter in which they share the learning from complaints and SI's across the in-patient areas. This ensures the learning reaches all areas and staff.

Clinical Records - The RiO (electronic clinical records) team uploaded the GASS (Global assessment of side effects scale tool) to ensure availability for all staff.

District Nursing - A family had raised concerns about a family member's capacity to consent to photographs being taken of pressure areas. Whilst it was identified the person had capacity the District Nursing staff were reminded of the importance of

obtaining written consent or, where this is not possible, document the reason why only verbal consent has been obtained.

6. Feedback from Complainants

The Trust endeavour to meet with people to come to a resolution and the department are attending/facilitating more meetings than previous for both concerns and formal complaints. Meetings are held with different designations of staff depending on the nature of the concern, including staff directly involved in care, Team/Ward Managers and Service Managers and Directors. This process has received positive feedback from those engaged in it. The Case Handlers have also received positive feedback for their involvement in resolving concerns from complainants and managers

This year the Trust sent out questionnaires 2 weeks after the complaint closed to try to increase feedback. We received 11 questionnaires in comparison to 14 the previous year.

It is acknowledged that a number of complainants contact the case handler directly at the end of a complaint process and this information has not been recorded against the questionnaires. This is usually when they are dissatisfied with the outcome of the complaint and further resolution is required.

7. Parliamentary & Health Service Ombudsman (PHSO) Activity – 2015-16

The Trust encourages complainants who remain dissatisfied following receipt of the final response, to come back with any outstanding issues to allow the Trust further opportunity for local resolution before approaching the Ombudsman. However, the Trust does advise complainants that where we are not able to resolve their complaint to their satisfaction, they have the right to request a review by the PHSO.

The Trust has been made aware that 7 complaints were referred to the PHSO/Local Government Ombudsman (LGO) during 2015/16. Where cases are referred to the LGO, they are the lead organisation supported by the PHSO. The PHSO have advised that they will be fully investigating/investigated these complaints.

Year	2011/12	2012/13	2013/14	2014/15	2015/16
No. referred to PHSO/LGO	3	8	1	3	7

Complaints partially upheld

- One complaint which dated back to 2012 was partially upheld as the PHSO found the Trust had informed the complainant what they had done to prevent this from happening again. Different processes were in place at that time and there is now a robust process in place to manage action plans and record outcomes/evidence.

Complaints not upheld

- A complaint which was led by the LGO found a service user had been given timely and appropriate appointments with their Care Co-ordinator and had been well supported by the CMHT. As such they did not uphold the complaint.

- The PHSO has provisionally not upheld a complaint about a CMHT however they are awaiting comments from the complainant. The case has been temporarily closed whilst the complainant recovers from ill health.
- The PHSO investigated a complaint referred to them about the medication prescribed to a service user. The PHSO did not uphold this and found that prescribing was within best practice.
- After reviewing the file and BDCFT's involvement with a complaint the PHSO and LGO decide they would not investigate one complaint.

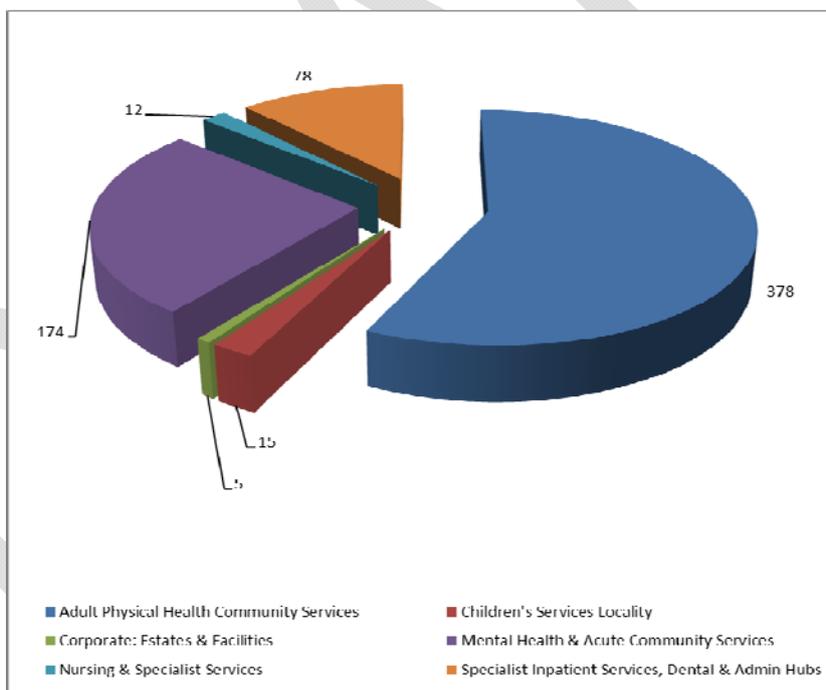
PHSO Investigations ongoing

- There are a further three complaints under investigation at this time.

7. Compliments

During 2015-16, **649** compliments were registered. This is a **62%** increase compared to the previous year. It should also be noted that feedback is also recorded through FFT but these figures are not replicated by the Patient Advice and Complaints Department.

The graph below shows the number of compliments received by directorates over the quarter. Numbers of compliments reported have decreased slightly from the previous year and the reason for this is unclear.



Below are some examples of feedback.

"the support you provided my mother with over past few years was exceptional, it provided her with relatively pain free additional time with her family which would not have been available without that care."

"Thank you xxxx for endless support. You bring peace to my troubled mind if and when i mend its thanks to the wonderful person you are"

"Thank you so much for this afternoon - you left both X and I feel wonderfully supported and understood! X went upstairs with a smile on his face - I can't remember him ever having been so upbeat after a meeting. That's not to criticise all the other people we've seen who have been lovely and done their best, but you hit the nail right on the head." A carer stated he felt recognised and was reassured and supported by staff. *"Nothing seemed too much trouble'*. He felt listened to by the care team who have acted on his wishes regarding her medication and he now feels as though he has his *"wife back"*.

"the best things about having a family nurse were; the home visits which made the service feel more personal and confidential. I liked the activity 'Emotional Refuelling' which is a method that shows young mothers how to refuel after caring for a baby all day to sustain the happy emotions rather than becoming tired, run down and in some cases depressed.....I wanted a different future for my son than the one I experienced and I am proud to say I am working towards that. However I doubt, in my view, that any of this would've become a reality without my family nurse "

"Just wanted to say THANK YOU again for all your help recently. Mum has been in nursing home for 10 days and appears to be settling in well"

A Service User wished to compliment a HCSW on Heather ward who *"was always available to service users and very approachable and willing to support"*. She said *"he always displayed good humour and a positive outlook"*

"thank you for your time and patience in explaining things to me about my sister. I just wanted to tell you that it is and has been very much appreciated..."

"We are wanting to highly commend Podiatrist X. My mother is the patient- she is 88 years old and visits X once a quarter. This has done wonders in maintaining her mobility. Any new problems which arise are dealt with professionally and competently. X herself is just a joy to visit - cheerful, positive, very informative offering choice and options as appropriate. I am sure that caring for the feet of older people brings many challenges. We both agree that X deals with these with great good humour and professionalism. A truly excellent health professional to whom we give a five star rating"

"Would like to say a massive thank you to all concerned in my dental treatment. From start to finish I was made to feel relaxed and comfortable. I can't thank them enough. If I ever need more dental treatment I will ask to go there again. Overall fantastic could not have asked for more!"

"thank you for all your care and support, it's more appreciated than you all probably think"

Top 10 list of teams/departments that have received compliments

Department	Total
Podiatry	213
Speech & Language Therapy Team	39
Hospice At Home Team - Bradford	22
ACMH Ward: Bracken	15
LD Health Facilitation Team	14
CMHT Older People (Bradford South & West)	13
Drug & Alcohol Team (Airedale)	13

DN Windhill/ Baildon Team	11
CAMHS Service (Airedale & Craven)	10
CMHT - Adult (AireWharfe)	10
CMHT Older People (AireWharfe)	10
LMH Ward: Oakburn	10
Palliative Care Team	10
Salaried Dental Service (Horton Park Centre)	10

9. Improvements & Developments to Complaints process.

Improvements are reported upon in the Quarterly reports to committee. Most recently the Leaflets and posters were consulted on and redesigned and awaiting printing.

The Consultation into the service concluded and a restructure is now underway. The introduction of an additional full time Investigator will improve the quality of reports, timeliness of responses and improve complainant satisfaction with the process. The Patient Advice and Complaints Officers will support the resolution of more complex concerns and less complex cases and enquiries will be managed by the Patient Advice and Complaints Administrator.

The Trust presented a complaint to the Local Complaints/PALS Leads Meeting for a peer review. Feedback has been helpful when considering future investigations and responses. The peer reviews will be completed on a rotational basis so good practice can be shared.

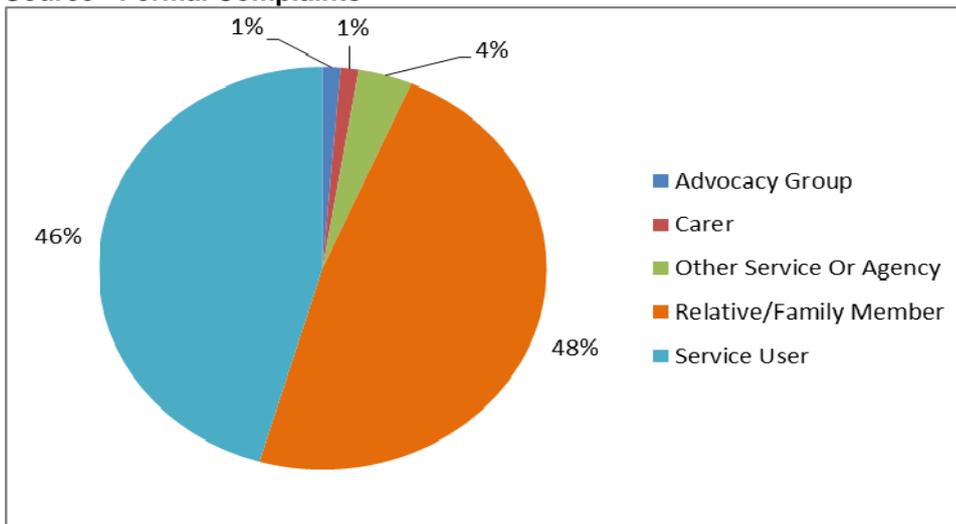
Over the last year there has been a commitment from the Managers to resolve issues locally. Staff involved in the resolution process demonstrated a real desire to improve the services the Trust offers for managing complaints and concerns and to acknowledge and learn when things go wrong. The contribution of our staff is acknowledged.

Quarterly reports for areas were introduced to highlight themes, trends, learning and good practice from complaints and Serious Incidents.

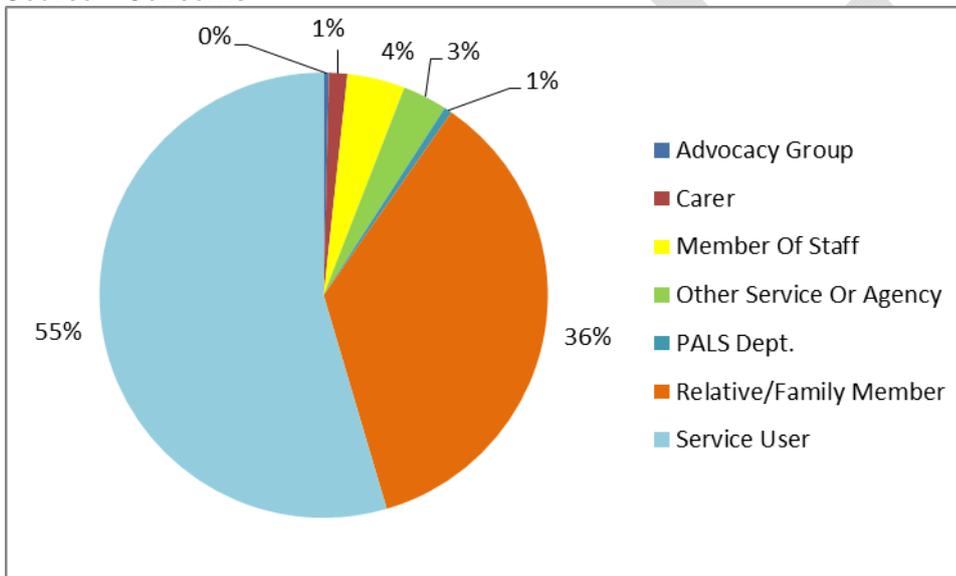
The Complaints and Serious Incidents team have also held three learning events, a Translating Research into Practice Session (TRIPS) and participated in training for students on learning from Complaints and Serious Incidents.

10. Sources of complaint/concerns received

Source - Formal Complaints



Source – Concerns



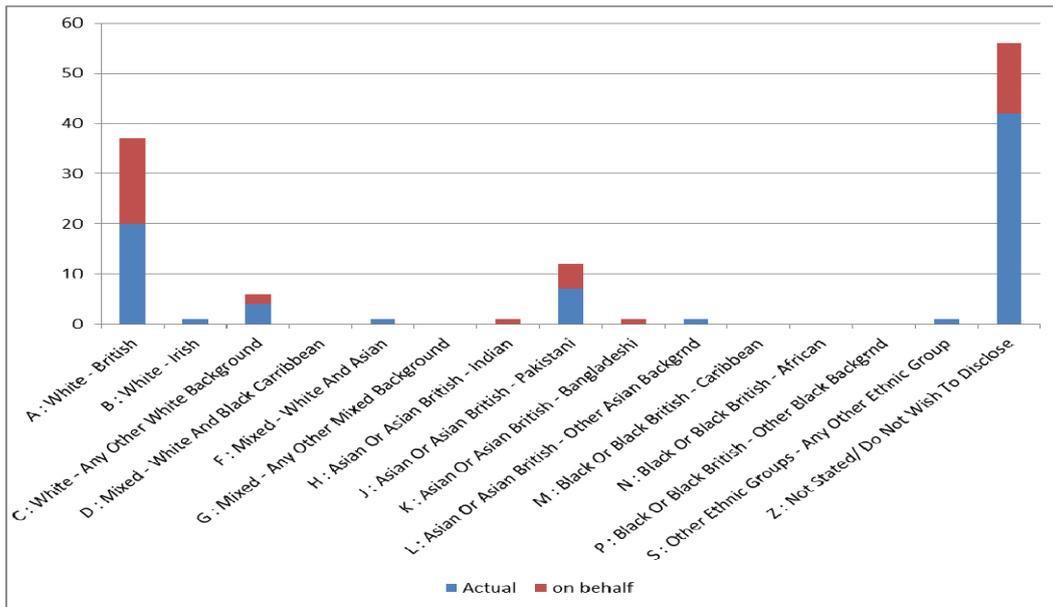
The above graph reflects that the greater number of formal complaints received are raised by carers/relatives on behalf of the service user, compared to locally resolved concerns.

11. Equality Monitoring

The team obtains equality data where possible. Complaints have been reviewed and during the last financial year the department has not required any letters to be translated. Interpreters have been used as follows:

- One complainant's family member conversed in Urdu. An interpreter attended 4 meetings in relation to this complain;
- An interpreter was used for a call in Polish regarding a concern; and
- An interpreter was used on an overseas call received. This was not progressed by the person contacting us.

Formal Complaint by ethnicity



DRAFT