

# Patient Advice and Complaints

## Annual Report 2017-18



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.

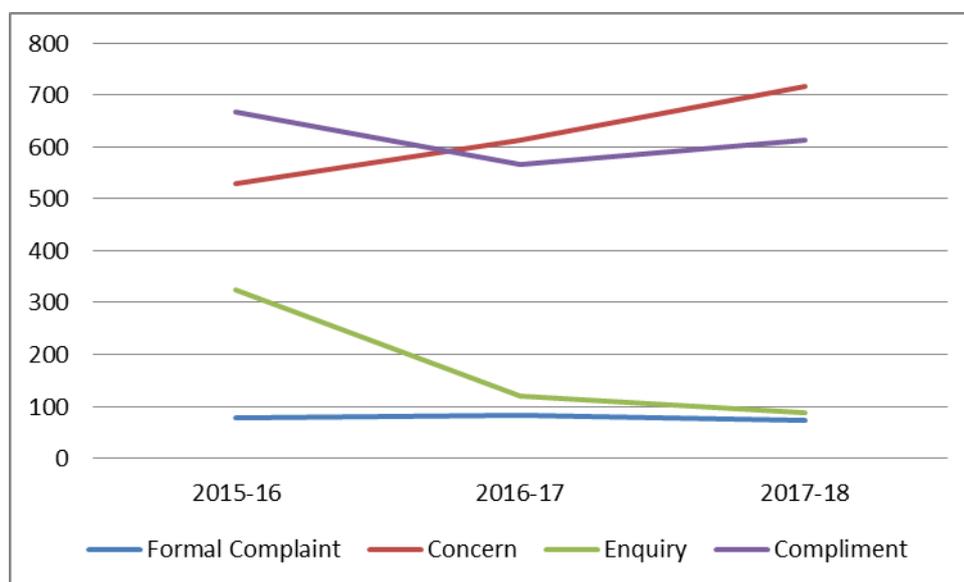
## Patient Advice and Complaints Annual report - 2017-18

### 1. Purpose of this report

The purpose of this report is to provide data of complaints, concerns, and compliments raised in 2017/18. The report also identifies any high level themes and trends arising from complaints.

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 have been 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 and look how we can improve our services.

### 2. Patient Advice and Complaints – Statistics



The total number of **formal complaints** received in 2017/18 was **74**. This is a slight decrease on 2016-17 (**81** formal complaints). **2** formal complaints in 2017-18 were withdrawn by the complainant. There were no commonalities in the areas that had been complained about or the reason for them being withdrawn.

Formal complaints are risk assessed when they are received by the team. **1** Complaint was rated red and **5** Complaints were rated amber. These were in relation to concerns raised about the care provided to a service user prior to their death, or where care had allegedly contributed to serious injury of a service user. Actions were put in place to prevent recurrence and they were graded green at the end of the complaint process due to the remedial action taken.

Anyone who formally complains is advised of the advocacy services available to them. Of the complaints received in 2017/18, **3** have been supported by advocacy services, which is a decrease from the previous year (**10**). Feedback from advocacy services is that the Trust has a good complaints policy in place and that people who are complaining feel listened to therefore may not feel they need to access advocacy services.

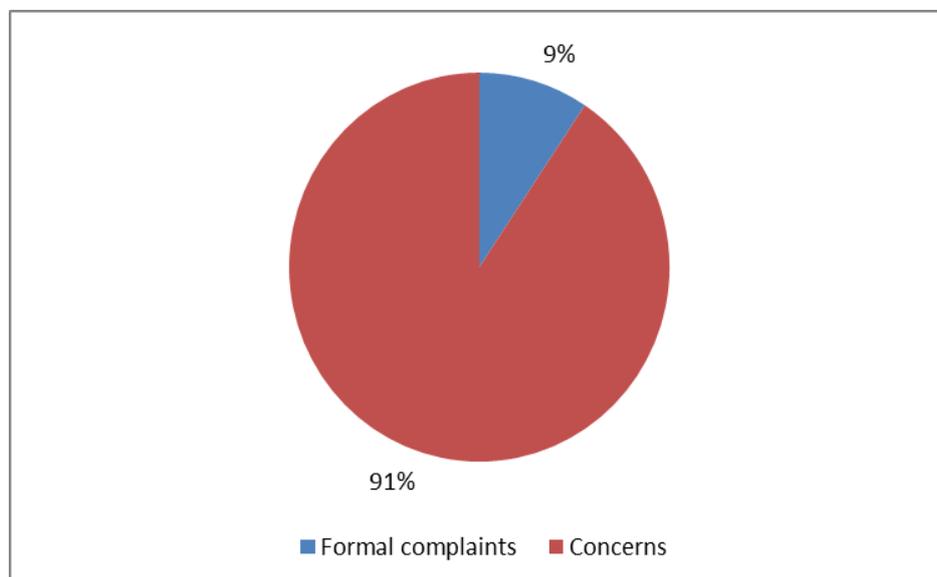
There were **13 interagency complaints**, an increase of **5** from the previous year; these are where a complaint was made about more than one organisation. Where this occurs one organisation will take the lead and the Trust works with our colleagues to provide a co-ordinated response.

The number of **concerns/informal complaints** received by Patient Advice and Complaints (PAC) team in 2017/18 has increased to **717** (there were **612** in previous year). This reflects the number of issues resolved locally by managers. Whilst there has been a steady increase in the recording of concerns which are locally resolved, this is due to increased reporting and feedback from managers when they have dealt with concerns, which is good practice. The majority of complainants were satisfied with the outcome and, where they were not satisfied, formal complaint was offered.

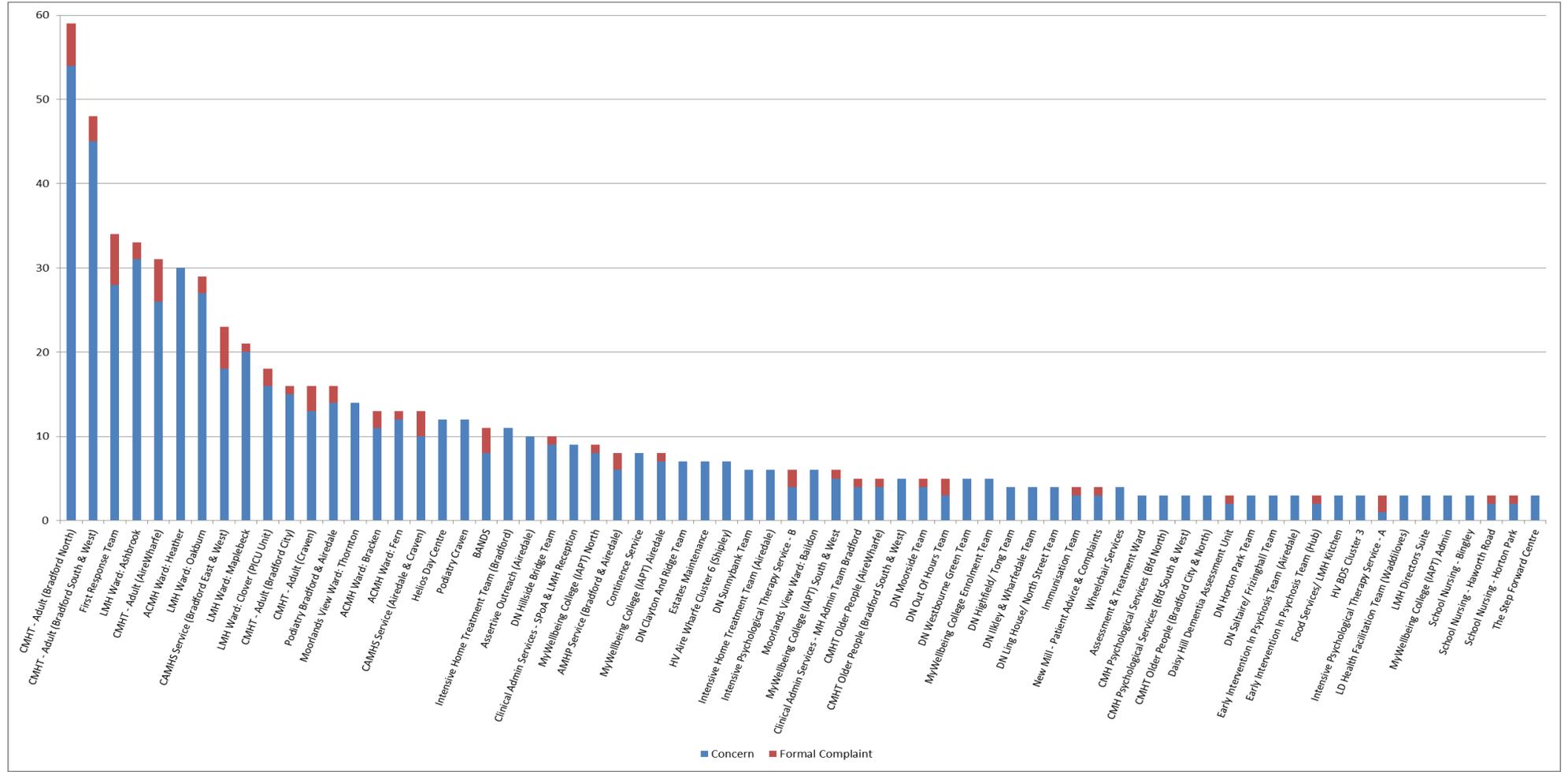
**Enquiries** are cases where there are concerns about services provided by other organisations and/or signposting has occurred. The PAC team responded to **88** enquiries, including requests for information or concerns about services provided by other organisations. Enquiries have decreased due to the way information is recorded; previously all signposting contacts to the team had been recorded.

This year the Trust received **613 compliments**, and these continue to increase each year. There is a greater range of services sharing these with the team for recording, i.e. there has been an increase in cases recorded for District Nursing, Podiatry, Salaried Dental Service and Adult Mental Health Inpatient wards. Positive feedback is also received via Friends and Family Test with the data recorded by Patient Experience Team.

The majority of concerns continue to be resolved locally. The graph below shows the formal complaints and concerns/informal complaints received during the period ending 31 March 2018. This demonstrates the commitment to local resolution.



### 3. Formal Complaints and Concerns received by Department in 2017-18



**Mental Health & Acute Community Services** continue to have the highest number of the complaints raised against them. This service includes the following specialities; Inpatient Services, Psychological Therapy, First Response, Learning Disabilities and Community Mental Health Teams (Adult, CAMHS and Older People).

Whilst there were **55** formal complaints logged (with **155** components), there were also **483** concerns recorded, that were resolved at a local level. It is important to note that there were also **214** compliments recorded for this service.

There has been an increase in concerns reported in **North CMHT, South & West CMHT, and in patient Heather Ward.**

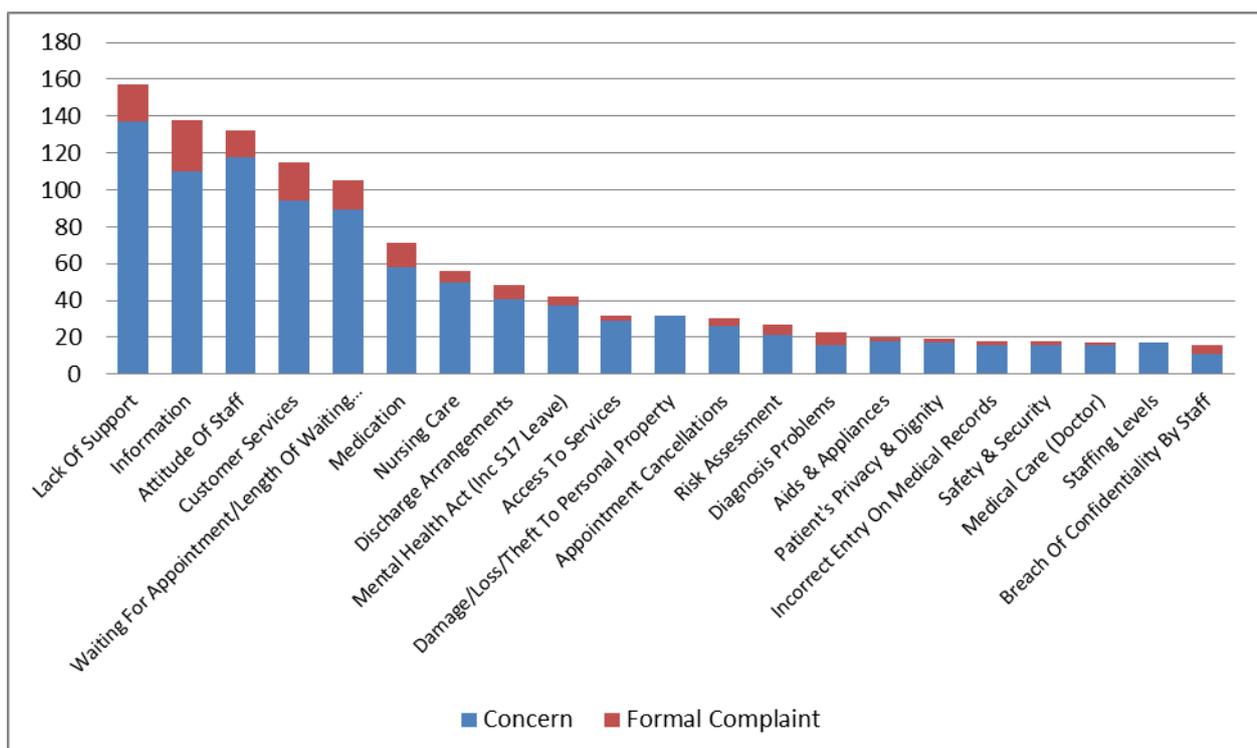
The increase in **North CMHT** was notable due to difficulties in recruiting into the Consultant Psychiatrist posts; these have now been filled with Locum Psychiatrists in fixed term posts. Whilst **North CMHT** has the greatest number of concerns and complaints, the Team Managers are proactive in dealing with complaints and reporting locally resolved concerns to the team therefore, whilst the figures are higher than other areas, it demonstrates good resolution.

**South & West CMHT** received a number of concerns which included **Lack of Support, Attitude of Staff** and **Information**. There are no themes with regards to the staff members involved but the majority of cases were regarding **Lack of Support**. Further work will be undertaken by the Patient Advice and Complaints team, and the CMHT.

**Heather, Bracken, and Fern Ward** have an increased number of concerns, this is not due to the calls received directly from people, but due to the introduction of Volunteers to the wards who attend weekly and can help to resolve concerns on site with the ward staff.

#### 4. Categories of Complaints and Concerns

**Top Categories of Formal Complaints and Concerns listed below:**



The graph above shows the top categories for formal complaints and concerns. Complaints categories are recorded on the initial contact with the Patient Advice and Complaints team and are based upon the complainants' experiences and how they explain and describe this. Some complaints have more than one issue/category (component), bringing the total number of components to 183.

**Lack of Support, Information and Attitude of staff** remain the top themes although complaints about Attitude of staff have continued to decrease over past 3 years.

**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.

**Attitude of staff:** This 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.

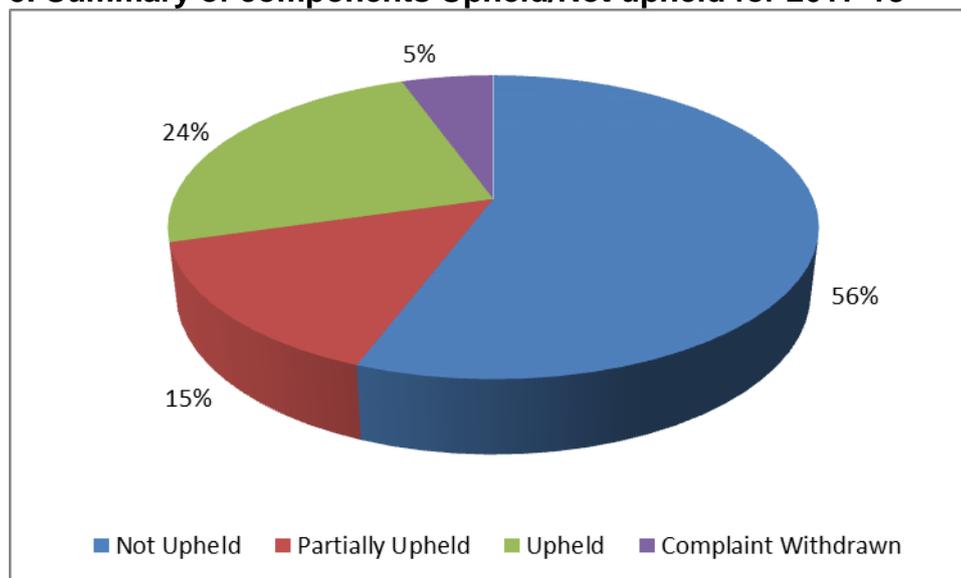
The Trust continues to promote the 'How we expect our staff to behave' leaflet which focusses on Trust values and the 6 c's (please refer to the Trust website). This is also reiterated in the Trust Induction for new members of staff.

The Trust is also introducing Schwartz Rounds, confidential, monthly reflective groups in which staff can meet together to share and think about the emotional impact of working in healthcare today. Schwartz Rounds have been shown to reduce stress and a sense of isolation at work, improve empathy for colleagues and patients, and improve psychological wellbeing

The number of cases where **Nursing Care** was identified as a category were attributed to District Nursing Services. There were no particular teams identified as areas of concern and the majority of cases were resolved locally.

**Waiting for appointment, Appointment cancellations and Access to Services** have increased comparing to previous year. The majority of these concerns are in relation to Consultant vacancies in the CMHT's. So far these concerns have been managed locally and Team Managers have offered apologies and explanations as to what actions the Trust is taking to recruit to the vacant positions. The vacant positions are also recorded on the risk register.

## 5. Summary of components Upheld/Not upheld for 2017-18



Each complaint has a number of components as indicated in Section 4 of the quarterly reports. There were **183** components to the **78** Formal complaints closed in 2017/18. It should be noted that some of those closed may have been received in Q4 of 2016-17.

The categories where components were upheld or partially upheld (**71**) have been reviewed for any themes or trends. The top 2 categories were:

- **Waiting for appointment/length of waiting list (12)** which were related to difficulties in recruiting Consultants and clinicians to deliver services in CMHT North, BANDS and Psychological Therapy services; and
- **Customer Service (12)** there were no themes to the departments where the complaints were upheld or partially upheld. The ones where complaints were upheld were in relation to people not being kept up to date with waiting times/expectations of when they would be seen by services.

Action plans were developed to help prevent further recurrence.

## 6. Learning from Complaints and Concerns

Complaints are a standing item on locality Quality and Safety meetings and wider learning is also disseminated through monthly and quarterly reports to the services. This also allows for learning to be shared across services. The Patient Advice and Complaints Team also regularly complete learning logs which are uploaded to the Quality & Safety Learning Network. This can be accessed by all staff and shared with all services and should routinely form part of Quality & Safety meetings throughout the Trust.

Action plans are monitored through the Serious Incident and Complaints Forum.

When a complaint is made, there can be specific action points to improve the care of the service user or take remedial action to address any shortcomings. There may also be actions which have a wider impact on the Trust. Some examples of learning identified as a result of complaints are as follows:

- It was found that the transition from CAMHS to Adult services needs to be improved. The transition process is under review.
- Autism specific training sessions will be delivered to Community Mental Health Teams to aid staff in communicating with this client group.
- The Policy for Copying Correspondence to service users has been reviewed to ensure consistency across the organisation.

## **7. How we share the learning across the Trust**

Patient Advice and Complaints staff continue to work with colleagues across our services to improve the management of actions plans arising from complaints and sharing learning. The following has taken place in 2017/18:

- A Translating Research into Practice (TRIP's) session was held to feedback the learning from a complaint.
- Clinical and safety learning forums on learning from complaints, serious incidents and claims on a quarterly basis.
- Monthly reports are produced which include complaints, Friends and Family Test and serious incidents data to highlight any early themes and trends to enable managers to take prompt improvement actions. This summary also includes learning from complaints and good practice.
- Quarterly reports are produced to identify themes across all services. These are shared with Deputy Directors/Heads for wider dissemination through Quality and Safety groups to share learning more widely across the organisation.
- Learning is shared via the Serious Incident and Complaint Forum and the progress of action plans is monitored by this group.
- Learning from complaints is also shared in the 'Learning Hub' which is part of the staff intranet. Team are required to review the learning that has been uploaded and this is shared in their local Quality and Safety Meetings.
- Action plans are monitored and the relevant Deputy Director is notified of any which do not meet the agreed target date or for which evidence has not been submitted.

## **8. Developments and work undertaken by Patient Advice and Complaints team**

- In 2016/17 Volunteers were introduced to the acute wards in Lynfield Mount. They play a key role in attending ward community meetings to capture feedback and concerns from service users who are admitted to the wards and ensure that they have access to a complaints service. Volunteers liaise with ward staff to resolve issues of concern and pass more complex cases to the team to investigate.

Volunteers are now also attending the Airedale Centre for Mental Health. Service users have given positive feedback about the regular attendance on hospital wards and the new volunteers informed the team that they feel valued and their work purposeful. The Patient Advice and Complaints team are considering ways of expanding their voluntary support to community services.

*One volunteer has now secured a permanent position within BDCFT and reported "I have thoroughly enjoyed my volunteering experience with PACS and I am sure that the development from this has enabled me to secure a full time, permanent position with the Trust, working within an acute mental health environment, so thank you for your support, advice and assistance."*

The team have now recruited additional volunteers to visit wards at Airedale Centre for Mental Health.

- A member of the team met with the Clinical Lead and User Involvement Lead for CAMHS to consider how information about raising complaints can be shared and encouraging feedback from young service users.

A pack of information is provided to new referrals to CAMHS, including a leaflet about Patient Experience which includes Patient Advice and Complaints details should young service users or their families wish to feed back. Young people involved in the focus group advised they were happy to speak directly to the staff involved in the care and did not want a different kind of leaflet developing just for young people. It was therefore decided no further information would be necessary however; clear posters and leaflets should be available in waiting areas.

- Prior to the annual report for 2016/17 being published on the internet, a workshop was held with service users and governors to review the report to consider how it was presented to a wider audience. This years report has also been reviewed by members of the focus group members prior to completion.
- The Team has introduced a Complaints Review Panel. A pilot meeting was held with the team, a non- executive director and service user representative in January and the first formal meeting was held in June 2018. The panel review a formal complaint, compliments and a locally resolved concern. These were reviewed using a questionnaire which considers the quality of reports and responses. The Panel will meet every 6 months prior to the Quality and Safety Committee and the minutes will be shared as part of the report.
- Online training has been developed for staff and this went live in March 2018. The training will be completed by new staff as part of the induction and is available to all staff in the Trust.
- Training has been delivered throughout the year to managers on how to handle complaints and their responsibilities as a manager during complaints processes. Bespoke 1:1 sessions have also been provided to new Team Managers.
- The Patient Advice and Complaints team was invited to, and delivered awareness rising session to a local South Asian Community group. It was well received with over 20 members, staff and volunteers from the group attending. A discussion was held about best way of communicating with people from BME communities, who do not speak English, and assurance was provided that our service use interpreters when appropriate and literature can be available in different languages.

### **Planned developments for 2018/19**

- An electronic feedback survey (survey monkey) will be introduced for complainants as historically the response to paper questionnaires has been poor.
- The way that protected characteristics data is gathered, and used to inform the accessibility of our services will be reviewed by the team and the Trust Equality and Diversity Lead.

## 9. Parliamentary & Health Service Ombudsman (PHSO) Activity – 2017/18

If a complainant is dissatisfied with the outcome of a complaint investigation they are given the option to contact the Trust again to explore issues further. However, if they choose not to do so or remain unhappy with responses provided, they are able to refer their complaint to the Parliamentary and Health Service Ombudsman (PHSO). The role of the PHSO is to investigate complaints that individuals have been treated unfairly or have received poor service from government departments and other public organisations and the NHS in England.

In 2017/18 there were **2** complaints referred to the PHSO and accepted for full investigation. Both cases were closed as not upheld. The other **2** cases closed during 2017/18 had been referred in the previous financial year, with one being partially upheld and the other one not upheld.

With regards to the partially upheld complaint, the care and treatment was found to be appropriate however the PHSO identified an improvement to processes. An action plan had previously been developed and the PHSO recommendations were added to this. This has been completed.

## 10. Compliments

The team continue to collect and record compliments. There have been **613** received this year. Examples of some of the written compliments we have received during 2017/8 are as follows:

*"Thank you for helping me to talk" (Speech & Language Therapy Team)*

*"Can't thank you enough for the loving care you gave to XX to the very end. We will be eternally grateful" (Hospice At Home Team – Airedale)*

*"Thank you ever so much for your support over the last few years. Since first meeting you on the ward while I was in hospital you have provided a "quality service" to me and my family. You have always been warm and friendly, listened to what I had to say, not pretended to be "the expert", and delivered what you promised".*

*"Thank you so much for all you have done for me the past few months. I am grateful for how well you have listened to me. You have been such an encouragement to me and I felt like I have started a new chapter in life. Thank you for all you have done". (CMHT - Adult (AireWharfe))*

*"Dr XX has been a great man whilst I've been in care with him. He has helped me to get to a place I feel better. He is always gets to me on time. No matter what the day is like. Thanks very much for all my care here." (LMH Ward: Clover)*

*"Brilliant experience with CAMHS (Bradford). Really well informed play therapist has supported and encouraged us through 15 months of filial play therapy. He's now starting a play therapy/nurture group with our eldest and 3 other similar aged girls. No messing about trying to diagnose, just said its attachment, it's complicated, it's going to be along slow process of healing, but we'll get there. Also very supportive of our efforts to get the school on board."*

"To All the staff who have helped to care for our mum XX during this difficult time. you are all un-sung Heroes We are forever in your debt!!"

"XX assessed me at A&E on the 16th March. She was kind, professional and compassionate. She quickly formulated a plan of how best to support me. I would like to thank her for the kindness she showed. I appreciate it a lot."

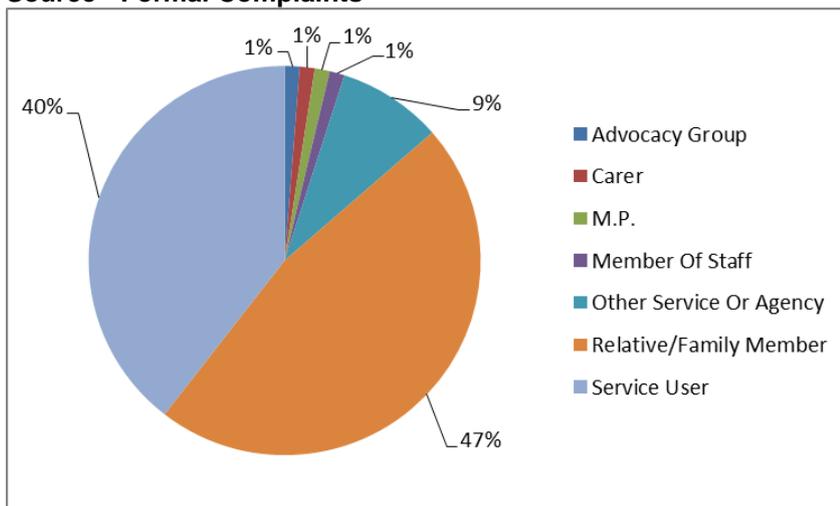
"Thanks for battling through the snow to see dad"

"I would like to tell everyone about my time being helped by, Bradford fast track team. from the moment my mum came home for palliative care, the fast track team sprang into action. They were not only caring and compassionate, they gave helpful advice. And nothing was too much trouble, when it came to equipment they were lightning fast. I would just like to thank all the team especially XX for making an unbearable time much more bearable."

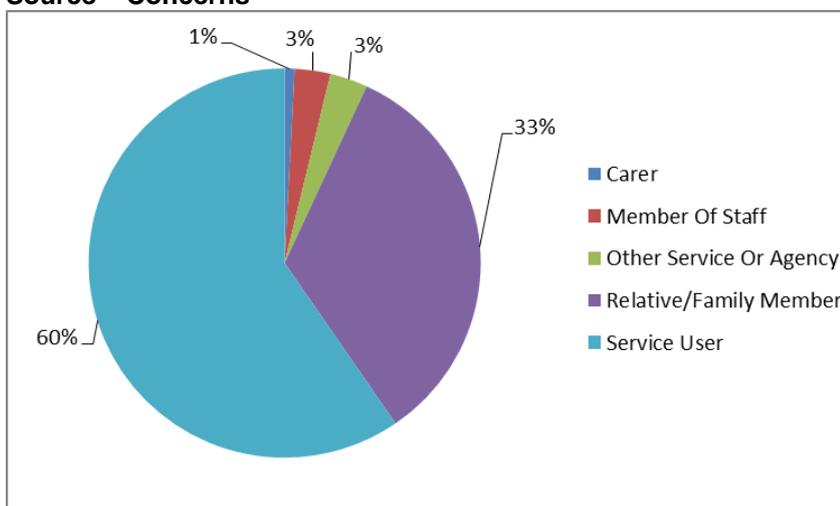
"I spoke with a worker called XX from first response this evening 22nd Feb. He was extremely helpful, patient and professional and helped to reduce my anxiety significantly. I would like to pass on my thanks to him. He did an excellent job".

## 11. 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.

Concerns raised by carers are predominantly with regard to information sharing and being aware of the care provided to the people they are caring for. The Trust is developing services for carers including the carers hub, carers leads being in place within Adult Mental Health Services and a common-sense confidentiality leaflet has been developed.

## 12. Equality Monitoring

The team obtains equality data where possible and where it is required have the use of interpreting services. The form is now being sent at the start of the complaints process together with the consent form.

Complaints files have been reviewed and during the last financial year the department has not required any letters to be translated or required interpreters in resolution meetings.

### Ethnicity of complainant – Formal complaints

