

## 2017/18 Complaints and Compliments Annual Report

### 1. Introduction

- 1.1 This report provides a summary of compliments and formal complaints received by Hounslow & Richmond Community Healthcare NHS Trust during the period 1 April 2017 to 31 March 2018.
- 1.2 Receiving feedback, either positive or critical is important to the Trust to help ensure that services continually improve and remain responsive to service users, their families and carers needs. It also lets us know when we get it right and where we need to improve.
- 1.3 The Trust actively promotes a culture of being open in listening to feedback, responding to complaints and ensuring we comply with the statutory Duty of Candour.

#### Being open includes:

- Acknowledging, apologising and explaining when things go wrong;
- Conducting a thorough investigation into the complaint and reassuring service users, their families and carers that lessons learned will help prevent the same occurring again;
- Providing support for those involved, including offering external advocacy services
- Offering complainants, their families and carers a Being Open meeting or a local resolution meeting with the relevant staff from the service so they can tell us about their experiences and how they wish for their complaint to be resolved.

### 2. Background

- 2.1 All complaints and concerns are managed as per the Trust Management of Complaints and Concerns Policy. Complaints are to be acknowledged within three working days following the date of receipt, either verbally or in writing. The timescale for responding to a complaint should normally not be more than 25 working days, but will be agreed following a consultation with the complainant. In complex cases this could be up to 40 working days.
- 2.2 All complaint responses are quality assessed by the Quality and Clinical Excellence team, the relevant Deputy Director and are signed off by the Chief Executive.

- 2.3 A complaints log is shared regularly with senior Trust staff and reports are provided to relevant committees, both operational and strategic. A Patient Experience report, which includes an analysis of Complaints, PALS, contacts and compliments, including learning, is provided to the Quality Governance Committee, the Quality and Safety Committee and our commissioners on a quarterly basis.
- 2.4 The Complaints Scrutiny Group, which meets quarterly, facilitates an independent overview of the Trust's management of PALS and Complaints by reviewing a selection of complaints chosen by the Healthwatch representative to challenge and scrutinise the quality of complaint responses and make recommendations, as necessary, on how the PALS and Complaints services can be improved.

### **3. Compliments**

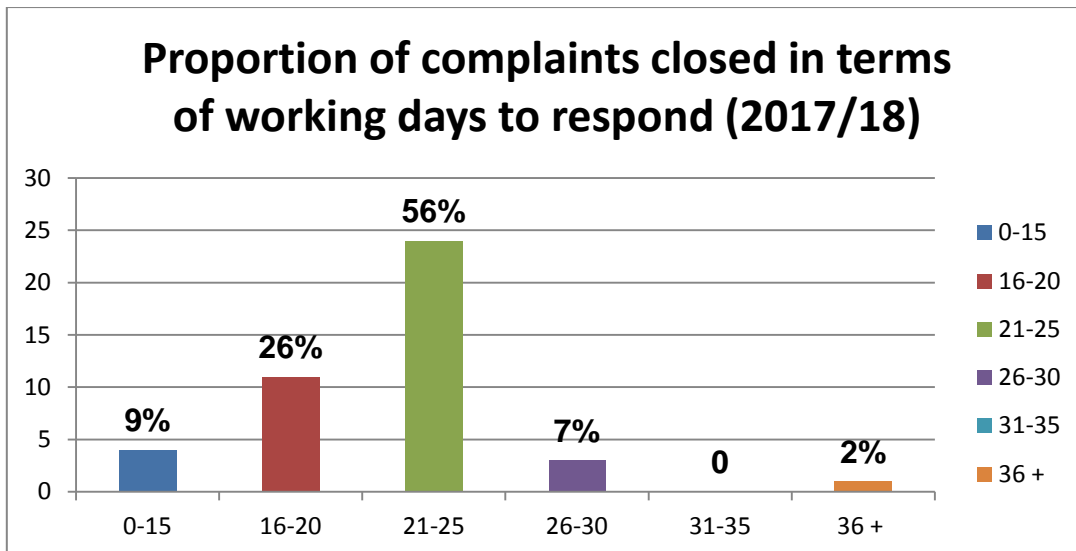
- 3.1 HRCH received 408 compliments in 2017/18 included in appendix 2. This is a 3% decrease from the 419 received in 2016/17. Services and staff compliments are shared via the Trust's Learn and Share publication, in reports to the Board, various committees and at service team meetings.

### **4. Complaints management**

- 4.1 The total number of formal complaints received in the year was 43, this represents a decrease of 40% from the number received in 2016/17 (72).
- 4.2 100% of complaints are acknowledged within 72 hours; usually the same day and we keep complainants informed if there is going to be a delay in their final response.
- 4.3 91% of all formal complaints in 2017/18 were responded to within 25 working days. This compares to 93% in 2016/17.

In the cases where we were not able to respond within target, we contacted the complainants to advise of the delay and agree a reasonable extension. It should be noted that the 25 working days target is not legislated but is a measure of good practice the Trust uses. The statutory instrument is 'The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009' which advises that the timeframe needs to be agreed with the complainant and this is the approach that we take.

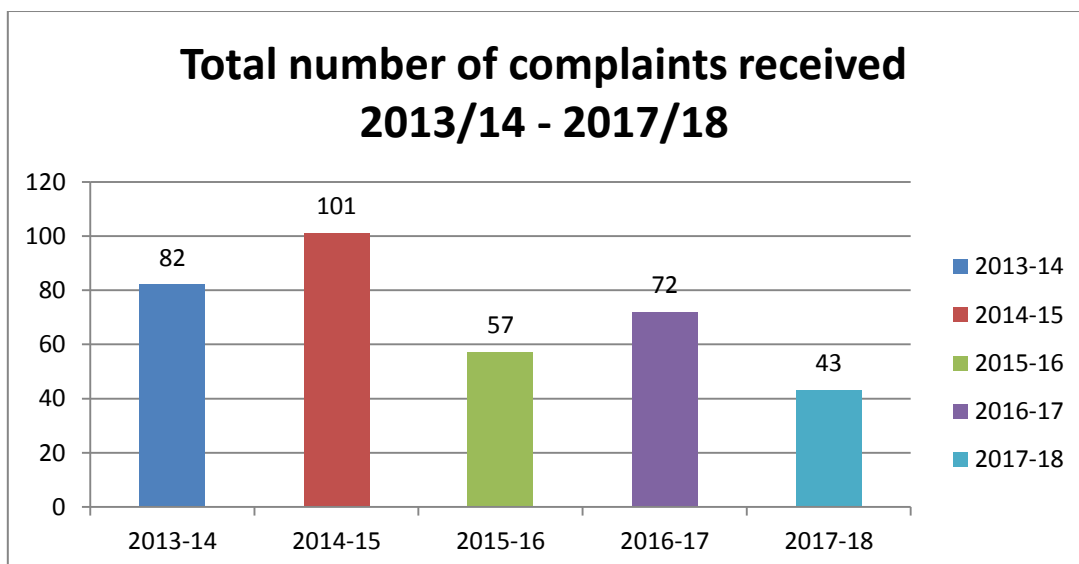
- 4.4 The Ombudsman's expectation is that a response is completed finally (to include any reopening of cases or further response) within a reasonable timeframe which should be within six months. The Ombudsman expects the complainant to be kept updated of any delays.



4.5 The graph above shows that 9% (4 complaints) were responded to after 25 working days. These delays in complaint responses were due to the complexity of the complaint and further investigation being required following senior review.

4.6 We also sub-contract some of our services. The doctors in those services need to share a complaint response with their medical indemnity provider and this can sometimes increase the length of time before a complaint response is finalised.

4.7 The chart below shows the total number of formal complaints received year on year from 2013/14 to 2017/18



4.8 The number of formal complaints has decreased during 2017/18 but the overall number of contacts has remained broadly similar to 2016/17. Our approach of responding in the way which is right for the individual has meant that more complaints are managed through an immediate response by the service manager or lead clinician to resolve the issue.

4.9 For benchmarking purposes we have reviewed the data that NHS Digital provides. NHS Digital provides the national complaints data from the KO41A information they collect, but only provides breakdown by the number of complaints per organisation. All other data is broken down by region and therefore not comparable by trust. We can however, benchmark HRCH against the London region.

The data from NHS digital is available one quarter in arrears, therefore the table below shows benchmarking analysis for Quarter 1 – 3, 2017/18 for complaints information by category of complaint.

	London Region, number of complaints Q1 - Q3	%	HRCH number of complaints Q1 – Q3	%
Clinical treatment	5834	24%	7	20%
Communications	4133	17%	5	14%
Values + behaviours (staff)	2489	10%	9	26%
Appointment delays /cancellations	1722	7%	3	9%

An area of concern is the number and proportion of complaints related to staff attitude. Our learning and development lead is reviewing our customer service training in 2018/19 as part of the Training Needs Analysis and we are re-launching our trust values.

4.10 The Urgent Care Centre had a similar percentage of complaints in 2017/18 with 21% (n.9) compared to the previous year which was 22% (n.16). The Walk in Centre has had a higher percentage of complaints 19% (n.8) compared to last year 13% (n.11) but both have had fewer number of complaints overall.

4.11 It is important to note that both these services see the highest number of patients in a year. The Urgent Care Centre saw 73,530 patients; a complaint incidence compared to attendance rate of 0.01% and the Walk in Centre saw 57,041 patients with a complaint incidence rate also of 0.01%.

4.12 To encourage openness and transparency the Trust Patient Experience Team offer all complainants the opportunity to meet with Trust staff to discuss their concerns and to discuss and agree the resolution they want. 7 (16%) Being Open meetings were facilitated in 2017/18 which compares to 14 (19%) in 2016/17.

- 4.13 The meetings continue to prove to be a personable and effective means of listening to our patients, their relatives and carers when they tell us of unsatisfactory experiences with our services and staff. 'Being Open' meetings support the National Patient Safety Agency guidelines for NHS organisations and meets the recommendations of the Francis report which emphasise the importance of open and effective communication with patients following an incident, complaint or claim.
- 4.14 The table below illustrates the number of complaints received by service 2017/18.

(NB due to rounding the actual percentage total is less than 100.)

<b>Service</b>	<b>Complaints</b>	<b>%</b>
UCC	9	21
WIC	8	19
MSK Hounslow	6	14
RRRT	2	5
Community Recovery Service	3	7
Child Development	4	9
Health Visitors (Richmond)	1	2
Health Visitors (Hounslow)	1	2
Immunisation team (BCG)	2	5
Paediatric Therapies	1	2
TNH – In-patient	1	2
DN Hounslow	2	5
DN Ham, Richmond &Kew	1	2
DN Whitton & Twickenham	1	2
DN- Great West Road	1	2
<b>Total</b>	<b>43</b>	<b>99</b>

- 4.15 Whilst the number of complaints about the Urgent Care Centre and Walk in Centre are high, it is not when calculated as a proportion of activity (see 4.7)
- 4.16 The table below shows the top 4 complaint subjects by service area in 2017/18:

<b>Speciality/Team</b>	<b>Safe High Quality Clinical Care &amp; Service Delivery</b>	<b>Information Communication</b>	<b>Behaviour &amp; Staff Attitude</b>	<b>Access to service &amp; Waiting times</b>
UCC	4	1	3	1
WIC	3	0	3	2
MSK	2	1	1	2
RRRT	1	0	0	1
Community Recovery Services	2	0	1	0

Child Development	1	0	2	1
Health Visitor (Richmond)	0	2	0	0
Immunisation (BCG)	0	1	0	0
Paediatric Therapies	0	1	0	1
DN Whitton & Twickenham	0	1		0
DN Ham, Richmond, Kew	0	0	1	0
DN Hounslow	2	0	0	0
DN- Great West Road	1	0	0	0
TMH – In-patient	0	0	1	0
<b>Total</b>	<b>16</b>	<b>7</b>	<b>12</b>	<b>8</b>

4.17 The top four subjects of complaints as a percentage of the total are: safe high quality clinical care & service delivery 37%, behaviour & staff attitude 28%, access to service & waiting times 19% and Information communication 16%

4.18 The two services with the highest number of the top four subjects are Hounslow Urgent Care Centre and Teddington Memorial Walk in Centre. Again it is important to note that both services saw a combined total of 130,571 patients in 2017/18 which gives a complaint incidence of 0.01%.

## 5. **Complaints to the Parliamentary Health Service Ombudsman (PHSO)**

5.1 In 2016/17 three complaints were referred to the Ombudsman; all three were joint complaints where this trust was one of a small group of NHS providers involved. The trust has received the result of all three of the Ombudsman's investigation reports in 2017/18. The Ombudsman upheld one complaint, partially upheld another and did not uphold one. The trust accepted the recommendations in the complaints that were upheld and partially upheld and developed action plans in line with the recommendations.

## 6. **Upholding/partially upholding and not upholding complaints**

6.1 This is for reporting purposes only and is not included formally in the response letter to the complainant. Primarily this is used for the quarterly KO41a reporting to NHS Digital.

6.2 Of the 43 complaints received this year 47% were upheld, 30% partially upheld and 23% not upheld.

## 7. **Lessons learnt/outcomes**

7.1 The Trust recognises the importance of learning lessons from complaints, and the value in sharing these widely. As the Trust is committed to continuously improving the quality and experience of care, all feedback; positive and negative, from patient's, carers and the public is welcomed and used to inform service improvement at every level.

7.2 The following examples demonstrate how the Trust has used patient complaints to inform organisational learning and improvement during this period. The list is not exhaustive but provides evidence of the Trust's commitment to developing services and day to day practice in line with feedback received:

- Following complaints addressed to the to the Urgent Care Centre some of the learning identified is below:
  - Patient had been unaware that he shouldn't take Non-Steroidal Anti-Inflammatory Drug (NSAIDs). For this reason staff have been reminded to ask specific questions relating to adverse reactions to medications, and a memo is posted in the drug room as a guideline.
  - All staff are reminded to make sure the discharge advice they provide is very clear and patients understand why and when they should be visiting their GP if things do not improve or get worse.
  - GP reminded about the need to be clear when communicating management rationales to patients. More specifically to explain to patients, at the time of diagnosis that in some cases infections will need a change of antibiotic if there is no improvement.
- Following a complaint about a district nursing team's interaction with a patient and family, the following action was taken:
  - Staff members involved were taken through the trust's Confidentiality Policy to reiterate to them the importance of confidentiality and the standard required of them. We also ensured that our staff are compliant with information governance training.
  - A review of the communication book/record was undertaken and additional administrative oversight has been added to monitor that actions noted in message books are duly completed and signed off. The community divisional manager will monitor the response to communications by the team.
- Following complaints about behaviour of staff and delayed treatment at MSK Hounslow
  - MSK staff to be updated and refreshed on the reasons why the booking process has been changed so that they understand the process to enable them to explain this to patients.
  - To ensure patient records are kept fully updated with any relevant information that relates either to booking or clinical care using the appropriate template on the record system.
- Following a complaint about the behaviour of a nurse at the In-patient unit, and misunderstanding over comments made – the following was agreed:
  - The staff were made aware that statements, if not understood properly can have an adverse impact.
  - Patient Information leaflets to be reviewed to condense them and make them more user friendly.
  - Staff reminded to be sympathetic and considerate when dealing with patients.

The trust board hears a patient story at every public board meeting. This ranges from patients, their families and/or carers attending the Board in

person, audio or video recording and written examples of experiences. In 2017/18 the board heard from one of the complainants who took their complaint to the PHSO and were assured that learning had been implemented.

**8. Complaints Equality & Diversity**

The Complaints Equality & Diversity Report 2017/18 is included at Appendix 1.

**9. Priorities for 2018/19**

- Improve complaint response rate to achieve and maintain 90% as a minimum.
- Evaluate pilot of revised complaint process using complaint investigation form and revised escalation procedure.
- Develop system for gaining complaint demographic information from SystemOne.



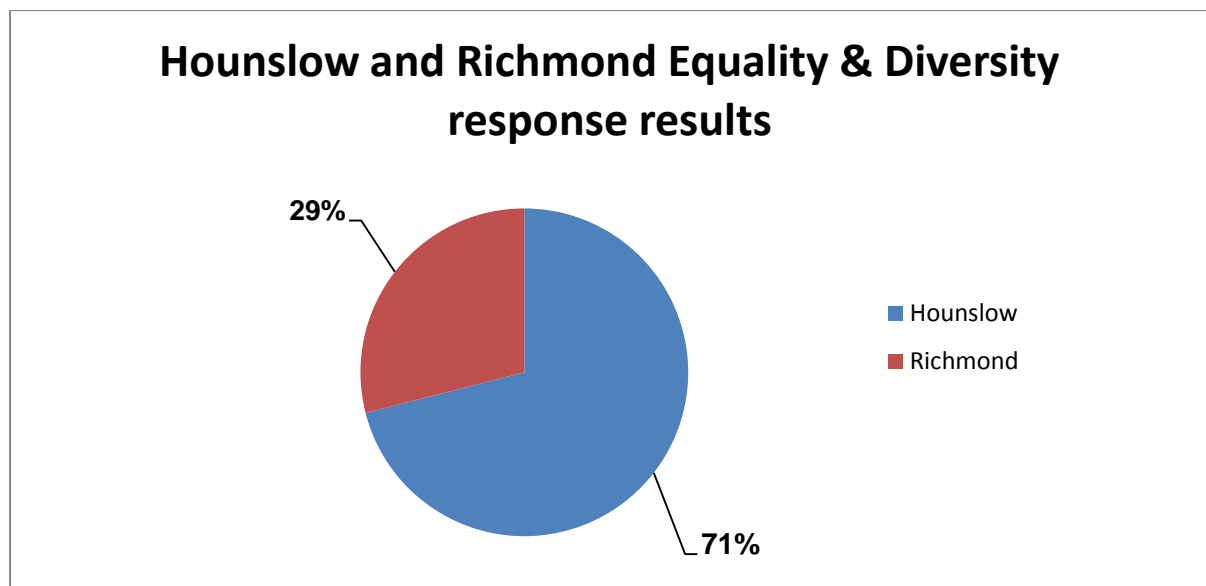
## Appendix 1: Annual Complaints Equality & Diversity Findings – 2017/18

It is worth noting that the following findings in this report should be considered as not statistically valid as the analysis is only based on seven responses from the Equality & Diversity questionnaire that have been returned.

We send an Equality & Diversity questionnaire to all complainants who request a formal complaint response to gather information on the nine protected characteristics. This is to ensure that we are confident that all of our patients and their families are able to access our complaints process and feel that their complaint is heard and responded to.

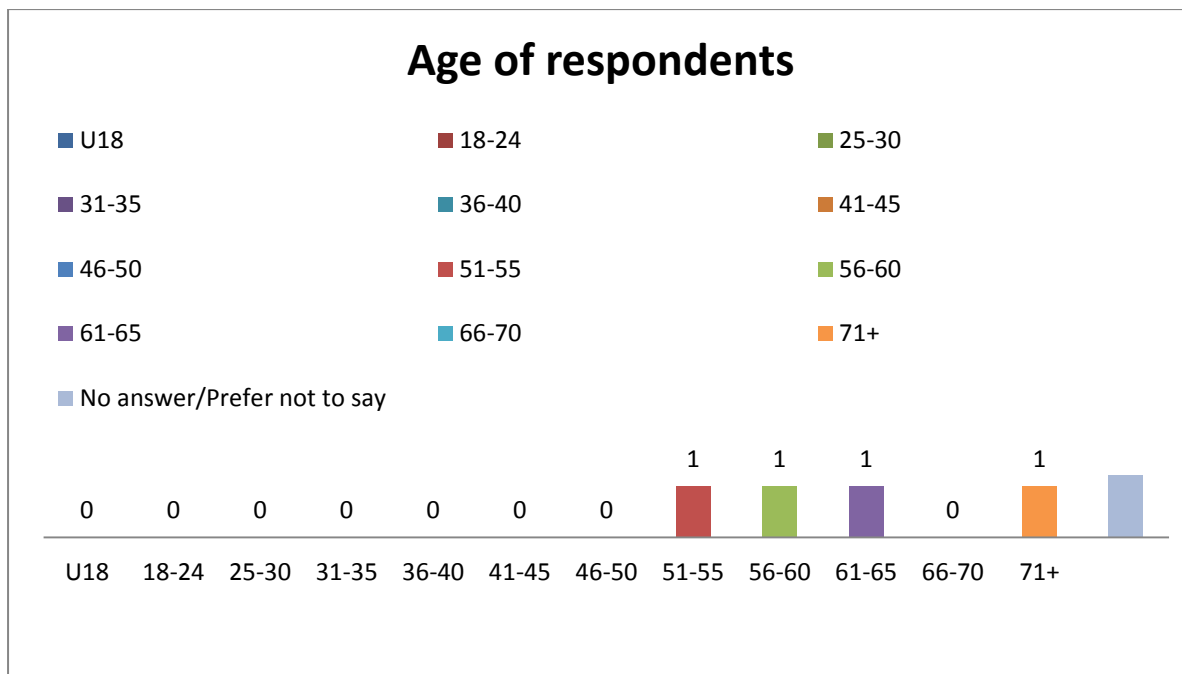
From the 43 formal complaints received, we have had 7 responses to the Equalities and Diversity questionnaire. This is a return of 16%. We recognise this is a small number and so the information presented below cannot be seen as representative. In 2017/18 we did send this information request electronically to try to improve the response rate and the response rate increased from 10% to 16% though it is not significant.

### Comparison between Richmond & Hounslow boroughs



We looked at a comparison of the responses between boroughs, of the 7 responses 29% were from the Richmond area and 71% were from the Hounslow area. This is representative as 37% of complaints for the year are from Richmond and 63% from Hounslow.

Analysis of the information provided is shown overleaf:



The ages of respondents were not significant at 1 for each of four age groups.

The gender of the complainants was 29% (n.2) were female and 71% (n.5) were male.

100% of respondents identified as being married/civil partnership  
 71% of respondents identified as being Heterosexual/Straight with 29% chose No Answer/Prefer Not to Say.

In response to Religion and Beliefs; 43% of respondents identified as Christian and 14% responded as following Sikhism, 43% chose No Answer/Prefer not to say.

In response to ethnicity, 43% identified English/Welsh/Scottish/Northern Irish/British bracket. 29 % identified as other as Asian / Indian ethnic origin and 28% preferred not to say/no answer.

When recording findings for disability there were 71% (n.5) respondents who identified as having no disability and 29% (n.2) elected - No answer/prefer not to say.

No one responded that they were transgender or pregnant or with a baby under 26 weeks.

## Appendix 2

