

Complaints and Compliments Annual Report 2015-16

1. Introduction

- 1.1 This report provides a summary of compliments and formal complaints received by Hounslow and Richmond Community Healthcare NHS Trust during the period 1st April 2015 to 31st March 2016.
- 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 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.
- 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. This policy has been reviewed and updated during 2015/16. 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 Associate Director and are signed off by the Chief Executive.
- 2.3 A regular complaints log is shared with senior Trust staff and reports are regularly 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 Trust Patient and Public Involvement Committee, the Quality and Safety Committee and or 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 monitor that complaints are acknowledged and responded to within an agreed timescale and makes recommendations, as necessary, on how the PALS and complaints services can be improved.

3. Compliments

- 3.1 HRCH received **330** compliments in 2015/16. This is a 17% increase from the 275 received in 2014/15. 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

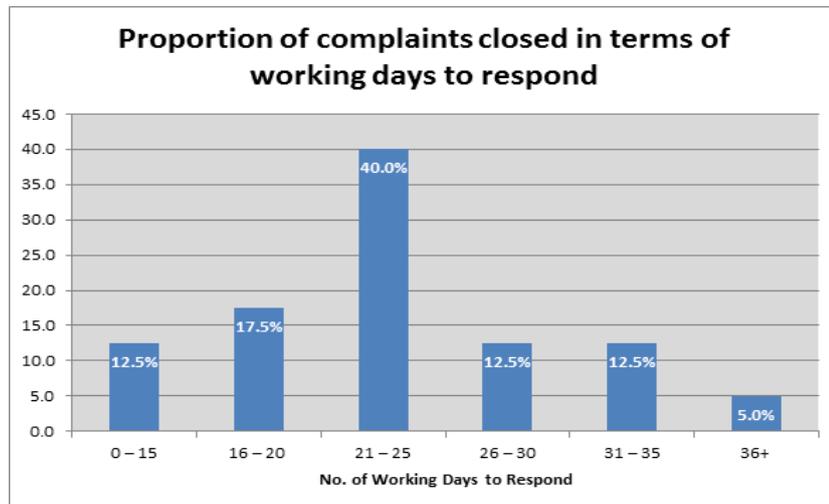
- 4.1 The total number of formal complaints received in the year was **57**, this compares with **101** in 2014/15 representing a 44% decrease.
- 4.2 70% of all formal complaints that have been responded to in 2015/16 were done so within 25 working days. This compares to 74% for the full year in 2014/15.

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 response.

An action plan was developed during 2015/16 to address the poor performance in providing a full response rate in quarter 2; this led to an increasing improvement culminating in a 100% response rate in quarter four. 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 used 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.

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.

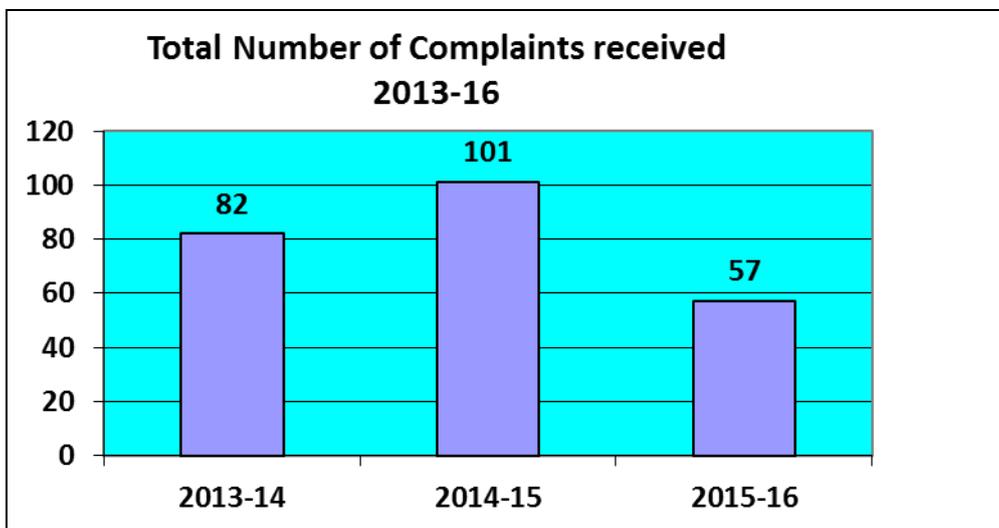
Below is a graph showing the distribution of responses which had been completed within time bands:



4.3 The graph above shows that 30% of complaints (12 complaints) which were responded to after 25 working days. Some of the delays in complaint responses were due to the complexity of the complaint requiring additional time so as to enable a comprehensive investigation to be undertaken; a key individual involved being absent; waiting for responses from other organisations or further investigation being required following senior review.

We also sub-contract some of our services and the medical staff in those services also 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.

4.4 The chart below shows the total number of formal complaints received year on year from 2013/14 to 2015/16.



- 4.5 The number of complaints has reduced quite significantly during 2015/16. The total number of contacts has remained stable and so we believe that our approach of responding in the way which is right for the individual has meant that more complaints are managed by an immediate response by the service manager or lead clinician to resolve the issue.
- 4.6 For benchmarking purposes we have compared the number of complaints reported by this trust to a group of community trusts across England. These are trusts which the National Reporting and Learning System (NRLS) use as a comparative group to benchmark incident reporting.

These are not directly comparable but the Wirral Community NHS Trust is of a comparable size to HRCH.

The complaints data is the total for the first three quarters of the year:

Shropshire Community Health NHS Trust	38
Hounslow and Richmond Community NHS Trust	41
Wirral Community NHS Trust	44
Bridgewater Community Healthcare NHS Trust	62
Gloucestershire Care Services NHS Trust	63
Liverpool Community Health NHS Trust	78
Derbyshire Community Health Services NHS Trust	87
Lincolnshire Community Health Services NHS Trust	96
Cambridgeshire Community Services NHS Trust	97
Central London Community Healthcare NHS Trust	102
Leeds Community Healthcare NHS Trust	125
Staffordshire and Stoke on Trent Partnership NHS Trust	133
Birmingham Community Healthcare NHS Trust	154
Hertfordshire Community NHS Trust	177
Norfolk Community Health and Care NHS Trust	177
Kent Community Health NHS Foundation Trust	186
Sussex Community NHS Trust	198
Worcestershire Health and Care NHS Trust	258

- 4.7 The Urgent Care Centre has had fewer complaints in 2015/16 when 25% (n.14) of all HRCH complaints were about the UCC compared to 2014/15 (39%, n.39). The Walk in Centre has had an increase in 2015/16 when 26% (n.15) of all HRCH complaints were about the Walk in Centre as compared to 4% (n.4) in 2014/15.
- 4.8 However it is important to note that both these services see the highest number of patients in a year. The Urgent Care Centre saw 81271 patients; an complaint incidence compared to attendance rate of 0.02% and the Walk in Centre saw 50834 patients with a complaint incidence rate of 0.03%

- 4.9 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. Twelve (21%) Being Open meetings were facilitated in 2015/16 with staff which compares to twelve (12%) in 2014/15.
- 4.10 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.

The table below illustrates the number of complaints received by service for 2015/16.

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

Service	Complaints	%
Walk in Centre	15	26
Urgent Care Centre	14	25
Musculoskeletal Services	9	16
Richmond RRT	5	9
Hounslow, Heston & Maswell Park Team	2	4
In Patient Unit TMH	2	4
Chiswick Team	1	2
Dietetics	1	2
Feltham & Bedfont Team	1	2
Health Promotion	1	2
Continuing Care Ax Team	1	2
Nights Team	1	2
Paediatric Therapies	1	2
Paediatric Medical Team	1	2
Learning Disabilities	1	2
Corporate	1	2
Total	57	100

Whilst the number of complaints about the Urgent Care Centre and Walk in Centre is high, it is not when calculated as a proportion of activity (see 4.7)

The musculo-skeletal services have updated their telephone system to address concerns raised about the difficulty in accessing the service and have undertaken a patient forum to offer opportunities for patients to share their experiences with the service and consider together how to resolve any issues.

The table below shows **the top 3 complaint issues** by service area in 2015/16.

Specialty / Team	Treatment/Ability	Staff attitude/behaviour	Communication
Walk in Centre	8	3	0
Urgent Care Centre	7	4	0
Musculoskeletal Services	2	0	2
Health Promotion	1	0	0
Hounslow, Heston & Maswell Park Team	1	0	1
In Patient Unit TMH	1	1	0
Learning Disabilities	0	0	1
Nights Team	0	1	0
Paediatric Medical Team	0	1	0
Paediatric Therapies	0	0	1
Richmond RRT	0	0	1
Total	20	10	6

- 4.11 Two of the top three subjects are the same as reported in 2014/15. These are treatment/ability which is 35% of our total complaints and staff attitude which is 17%. Communication has moved into the top three and accounts for 9% of the total.

Nationally 44% of complaints were about 'all aspects of clinical care' which incorporates 'treatment/ability'. Including all our clinical treatment subjects we had 42%, this compares to 40% last year. Nationally 11.4% were about staff attitude and although we have improved from 19% to 17% this requires more improvement. Nationally 10% are about communication compared to our 9%.

- 4.12 The two services with the highest number of the top three subjects are Hounslow Urgent Care Centre and Teddington Memorial Hospital Walk In Centre. Again it is important to note that both services saw a combined total of 132,105 patients in 2015/16 which gives a complaint incidence of 0.02% against attendance and is the same percentage as last year.

5. Complaints to the Parliamentary Health Service Ombudsman

- 5.1 In 2015/16 no complaints have been referred to the Ombudsman.

We received the result of an investigation the Ombudsman raised in January 2014 regarding a complaint raised in November 2012. This was in relation to the school nursing service and the referral process to a GP and accuracy of information. It was a complex complaint with several NHS trusts being involved. The Ombudsman advised that they did not uphold the complaint against HRCH.

6. Upholding/partially upholding and not upholding complaints

- 6.1 This is for reporting purposes only and is not included in the response letter to the complainant. Primarily this is used for the quarterly KO41a reporting to the Health & Social Care Information Centre (HSCIC).

Of the 57 formal complaints received this year 34% were upheld, 34% partially upheld and 32% 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 patients, 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 a complaint to the Walk-in Centre regarding conflicting information given to a patient. The complainant was informed of the following:
 - The lead nurse will organise an updated training session on chickenpox and treatment for the clinical staff.
 - Our Pharmacy team will develop a Patient Group Direction (PGD) so clinical staff who do not prescribe would be able to give aciclovir. PGDs are documents which permit the supply of prescription-only medicines (POMs) to groups of patients, without individual prescriptions.
- Following a complaint to the Paediatric Therapies service involving made-to-order supportive footwear (Piedro Boots) and the delay in receiving them, the following was agreed:
 - Therapists will clearly inform all parents of the 8 to 10 week timeframe before a fitting can take place. Therapists will also make contact at 8 weeks to advise parents of the expected arrival time. In addition therapists will ensure parents are aware that a further review will not take place until they have been worn for a period of 8 weeks.

- Following a complaint to the Walk-in Centre regarding the dosage of antibiotic given, the complainant was informed of the following:
 - The nurse involved will attend a non- medical prescriber's update to enhance her knowledge.
- Following a complaint to the Urgent Care Centre regarding a delay in being seen, the complainant was advised of the following:
 - We will discuss with our IT system provider to see if the system can be improved to support our clinicians to record prioritisation correctly
- Following feedback from a patient that their appointment was cancelled at short notice and they didn't receive any message. The MSK physiotherapy service advised:
 - A new database system (System One) was being installed in September 2015 which would provide additional features to assist in the management of appointment booking and re-booking, more efficiently, through tracking and alerts to the status of each appointment and patient.
- Following feedback that the patient had not been aware of the implications of being a self-funder in respect of their accommodation the Richmond response and rehabilitation service:
 - reviewed the self-funder's pack that is given to each patient who fund their own care to ensure that it is explicit about the stages in the process and the time that rehousing can take.
- Following feedback from a parent around their child receiving immunisation at school:
 - all members of the immunisation team have been advised that they need to discuss any issues raised on a consent form with parents in the first instance.

8. Complaints Equality & Diversity

The Complaints Equality & Diversity Report 2015/16 is included at Appendix 1.

9. Priorities for 2016/17

The priority activities for improving our complaints service in 2016/17 are below.

- Continue to improve complaint response rate to ensure a year end figure of 85% of all complaints responded to within 25 working days.
- Explore with our HR department how we can improve on our current 'customer service' training which is called 'Putting the Patient first'.

- Use the Ombudsman’s “Vision” and expectations for raising concerns and complaints as a training tool for staff and services to consider the complaint journey.
- Ensure services provide the required evidence of actions taken from complaint action plans

Appendix 1.

Annual Complaints Equality & Diversity Findings–2015/16

In 2015-16 we started to send an Equalities & 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 57 formal complaints received, we have had 12 responses to the Equalities and Diversity questionnaire. This is a return of 21%. We recognise this is a small number and so the information presented below cannot be seen as representative. This is the first time we have been able to present this type of information and we know that during 2016/17 we need to think about how we can provide assurance that our complaints service is accessible.

The findings:

Age

34% of complainants who responded to the questionnaire are between 61-65

Gender

67% were female

Ethnicity

50% were British, English, Welsh, Scottish, and Northern Irish. The next highest category was; 17% other Asian background.

Married/civil partnership

50% are married/in a partnership and 50% are not, or preferred not to say

Sexual Orientation

100% were heterosexual/straight

Religion

50% of respondents identified as Christian and 25% responded as having no religion

Disability

75% did not identify as having a disability; of the 3 (25%) that did, they had multiple disabilities

Transgender

One person identified as transgender

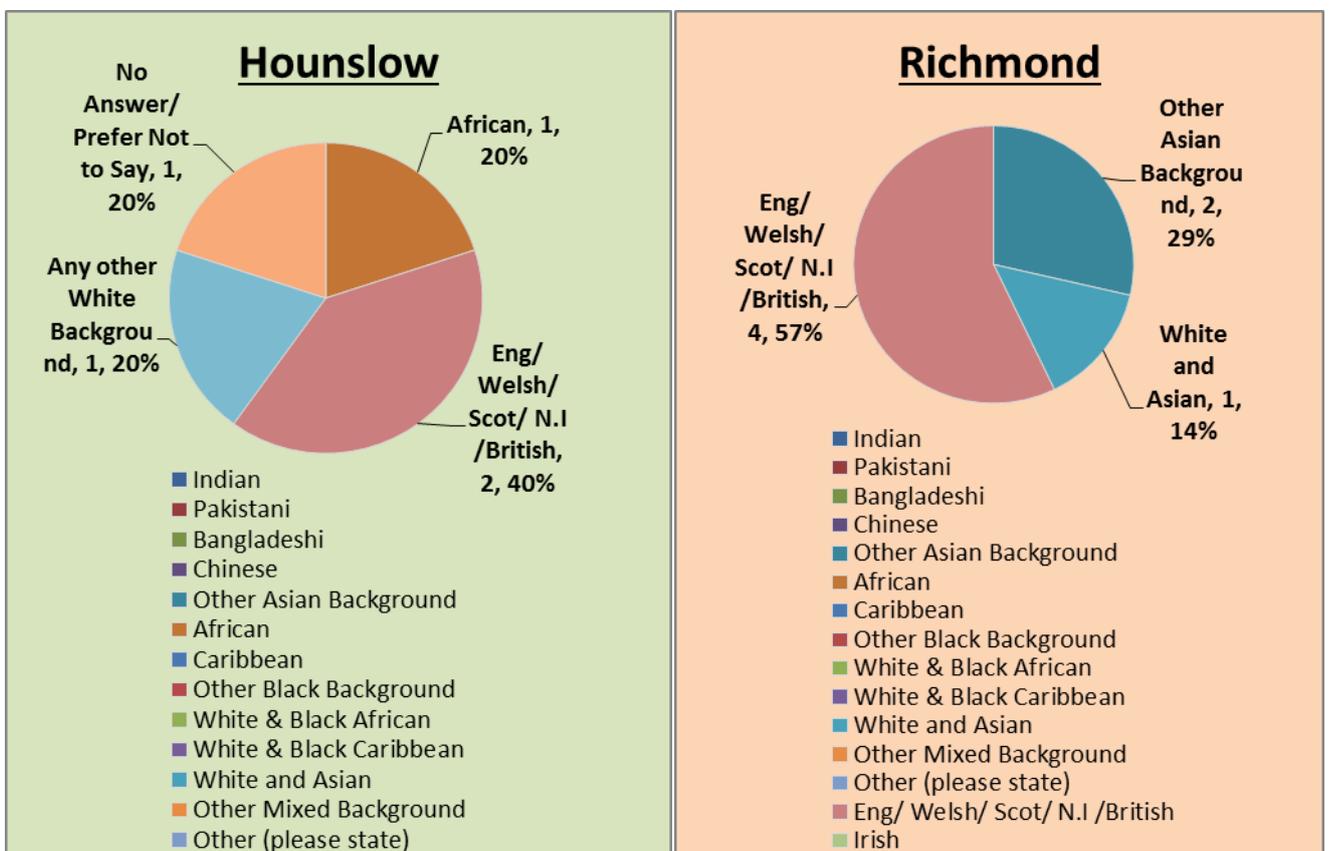
Pregnant or baby under 26 weeks

0%

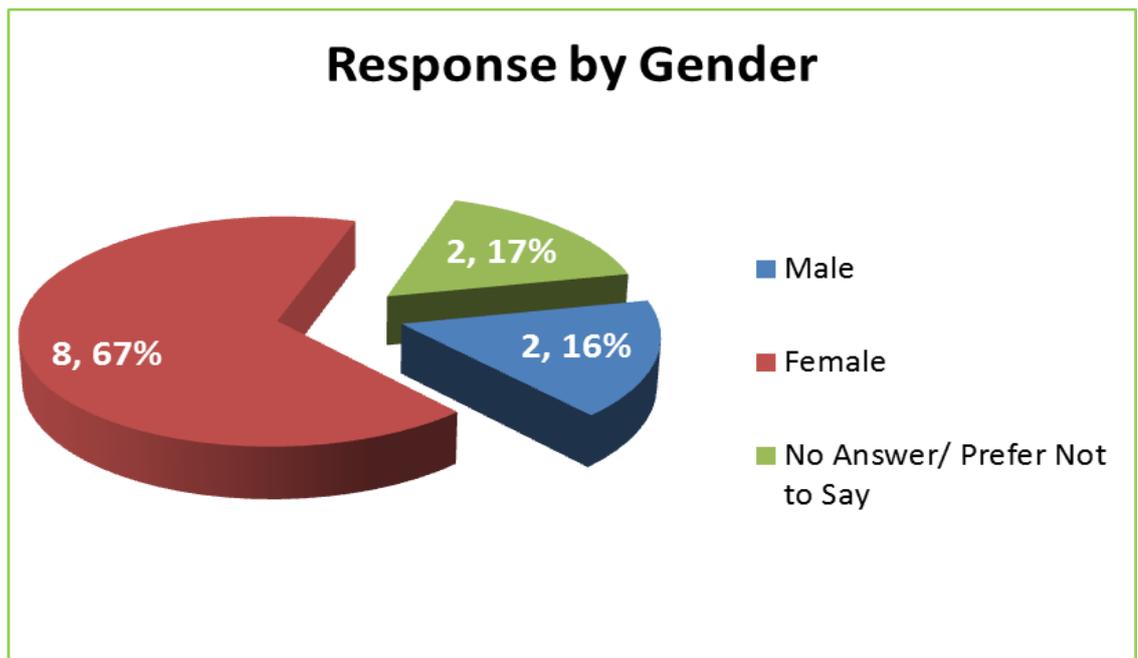
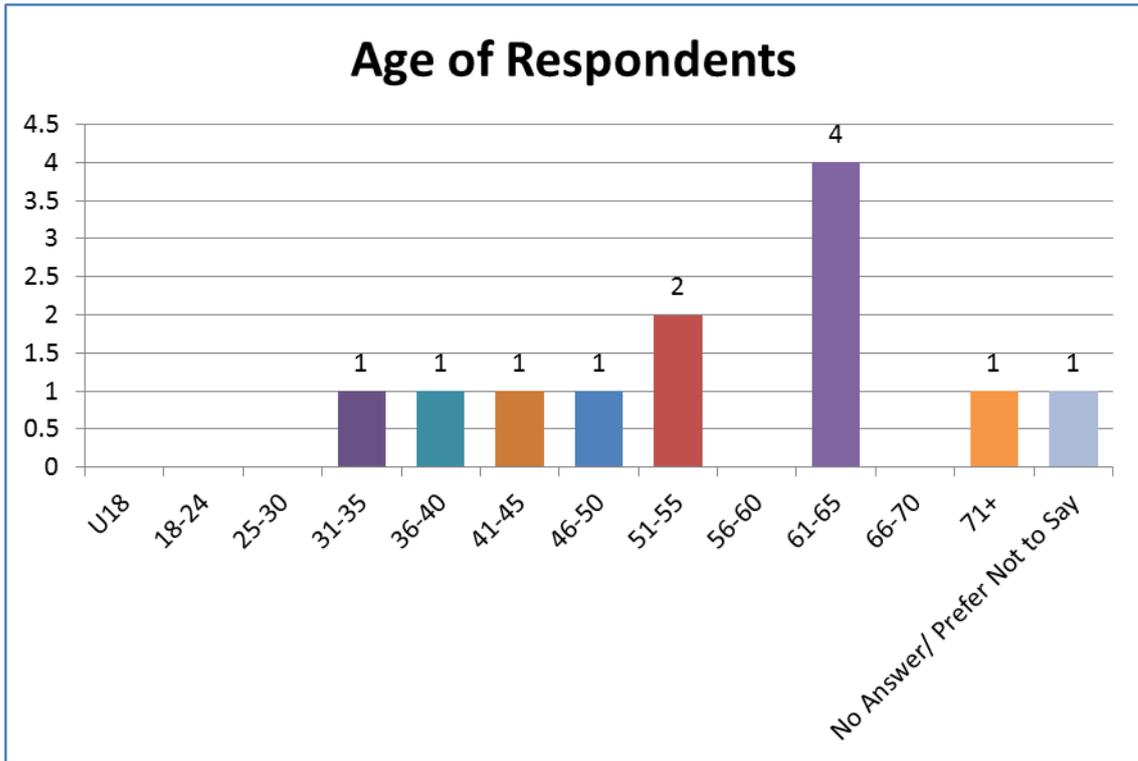
Comparison between Richmond & Hounslow boroughs

We also looked at a comparison of the responses between boroughs, of the 12 replies: 58% were from the Richmond area and 42% were from the Hounslow area. This compares to the total number of complaints for the year where 58% are from Hounslow and 42% are from Richmond. Showing that even though more complaints have come from the Hounslow borough it is the Richmond borough that is more likely to provide additional feedback.

The charts below display the ethnicity of respondents by borough:



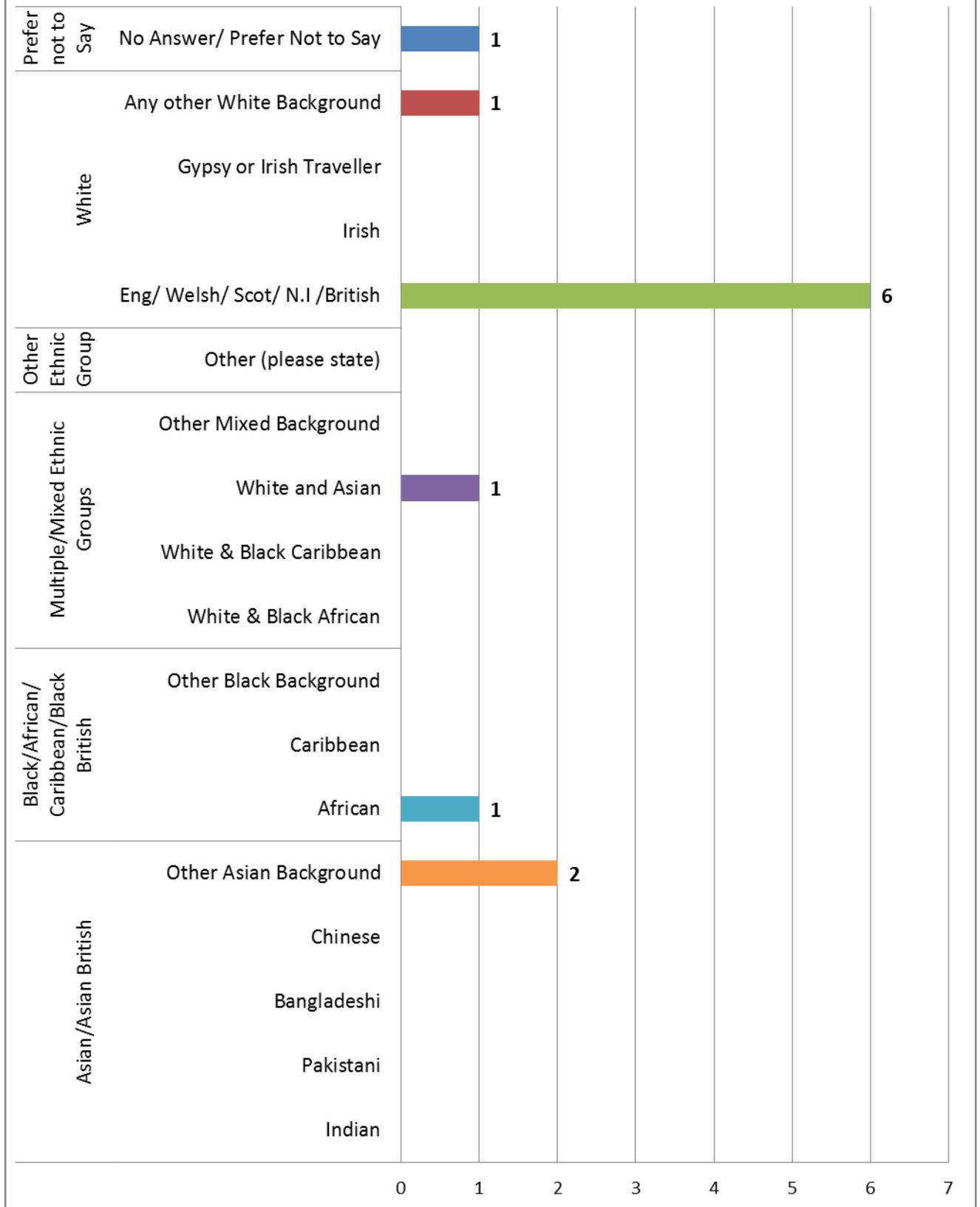
Analysis of the information provided is as follows:



From the above charts we can see that women seemed to be the most responsive to the survey, contributing more than half of the responses. The majority of respondents also identified as being on the upper end of the age range, the most popular brackets being 51-55 and 61-65.

One respondent identified as transgender. A further three respondents either failed to answer or selected 'Prefer not to Say' but the majority of people (67%) did not identify themselves as being transgender.

Ethnicity of Respondents

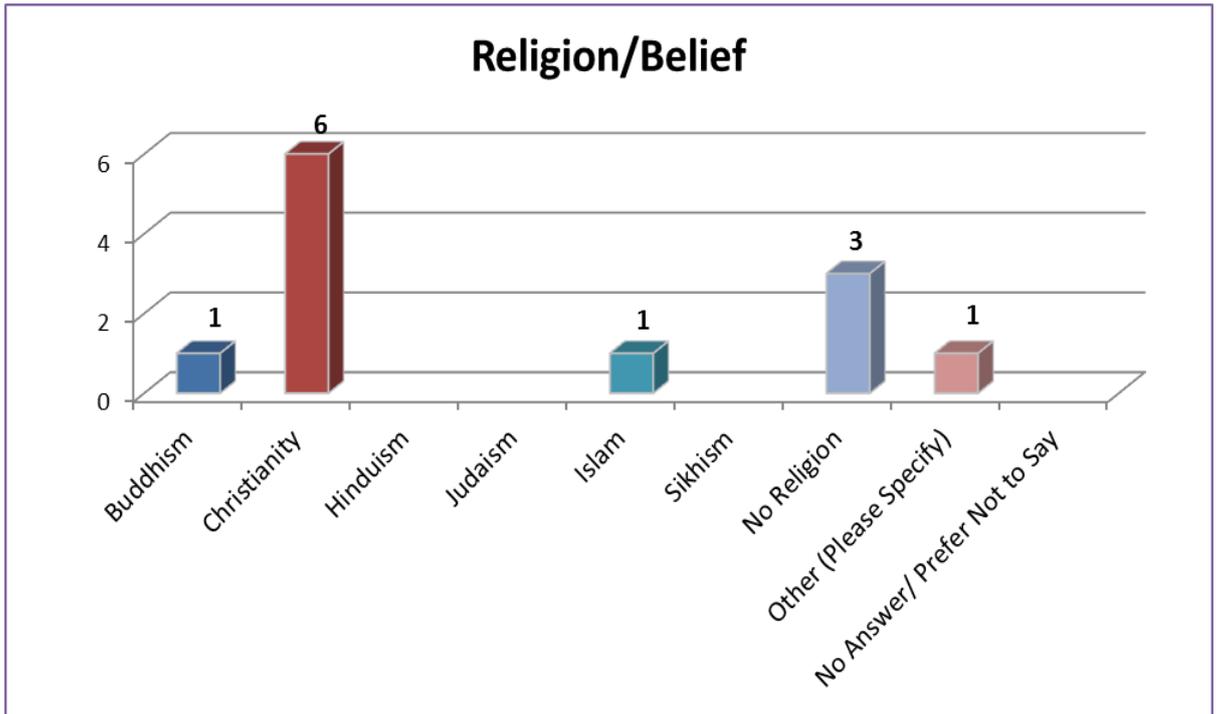


As we can see from the information displayed in the charts above; the majority of our respondents, 50%, fell into the English/Welsh/Scottish/Northern Irish/British bracket. The second highest identified Ethnicity, albeit by a significant drop, was 'Other Asian Background' accounting for 17%

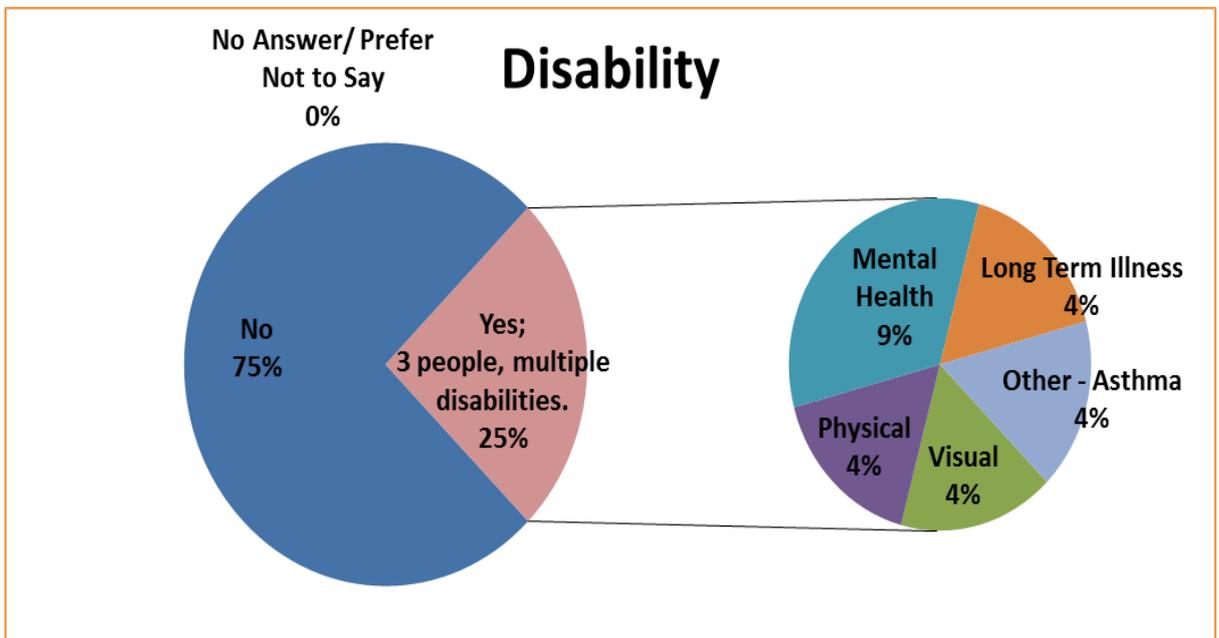


The chart above shows us that of the 12 respondents; 5 identified as being Married/Civil Partnership and by a slim majority 6 responded as not being in a Marriage/Civil Partnership. One person elected to respond with 'No Answer/Prefer Not to Say'.

All of the respondents identified as being Heterosexual/Straight, with none of them responding as being Pregnant/baby under 26 weeks (although one was recorded as 'No Answer/Prefer Not to Say')



In response to Religious Beliefs; 50% of respondents identified as Christian and 25% responded as having no religion. We also had one person who identified as following Islam, one who followed Buddhism and one person fell into the 'Other' category, identifying themselves as a 'Lapsed Catholic'.



When recording findings there were three respondents who identified as having a disability; one person responded as having a Visual Impairment and a Long-standing Illness or Health Condition, one reported a Mental Health Condition and (Other) Asthma, the other person identified as having a Physical/Mobility Impairment and a Mental Health Condition.