

## 2016/17 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 2016 to 31 March 2017.
- 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. This policy has been reviewed and updated during 2016/17. 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 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.

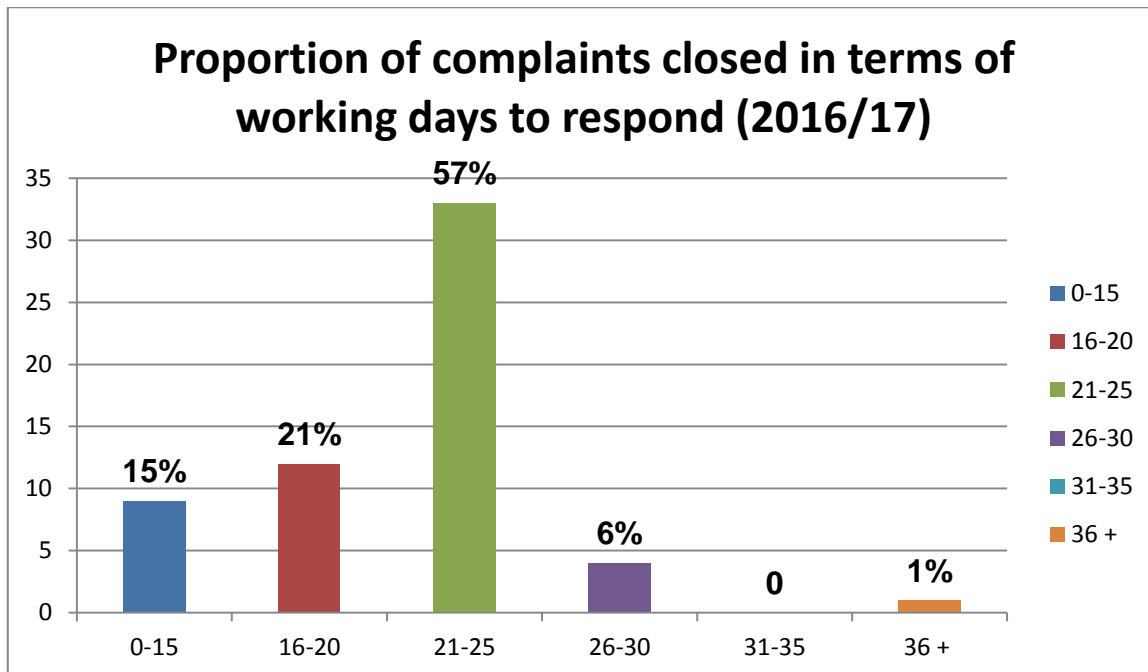
- 2.4 The Complaints Scrutiny Group, which meets quarterly, facilitates an independent overview of the Trust's management of PALS and Complaints by reviewing a selection of complaints chosen by the Healthwatch representative to challenge and scrutinise the quality of complaint responses and make recommendations, as necessary, on how the PALS and Complaints services can be improved.

### **3. Compliments**

- 3.1 HRCH received 419 compliments in 2016/17 included in appendix 2. This is a 21% increase from the 330 received in 2015/16. 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**

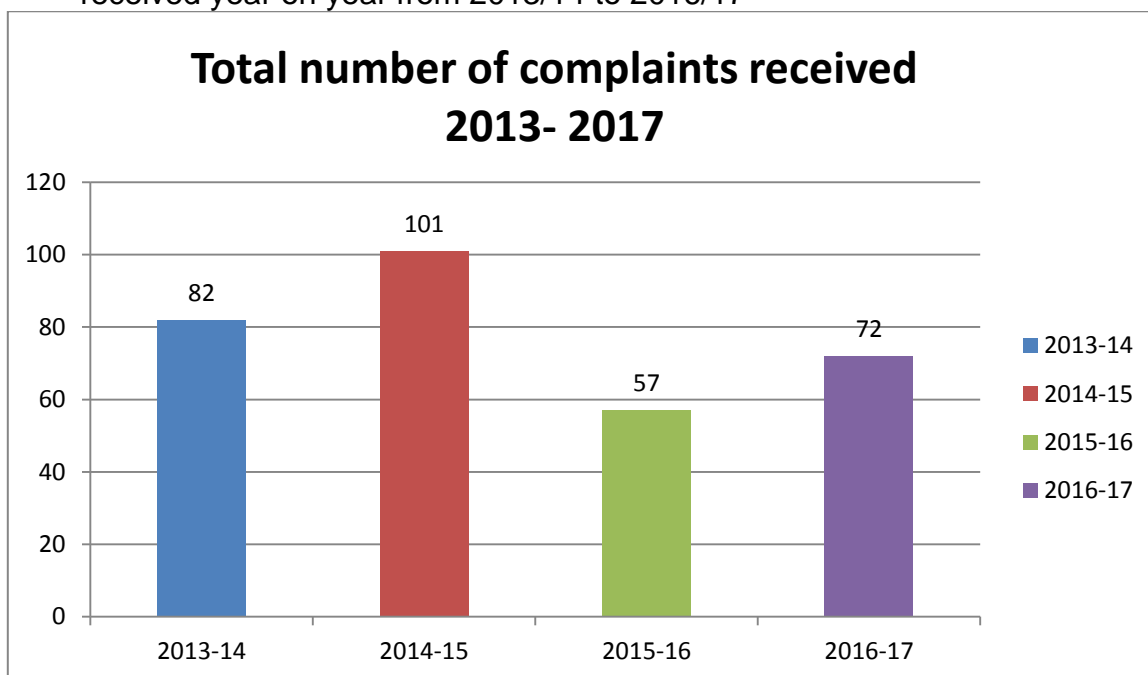
- 4.1 The total number of formal complaints received in the year was 72, this represents an increase of 26% from the number received in 2015/16 (57).
- 4.2 100% of complaints are acknowledged within 72 hours; usually the same day and we keep complainants informed if there is going to be a delay in their final response.
- 4.3 93% of all formal complaints that have been responded to in 2016/17 were done so within 25 working days. This compares to 70% in 2015/16. An action plan was developed during 2015/16 to address the poor performance in providing a full response which culminated in a 100% response rate in quarter 4 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 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.
- 4.4 The Ombudsman's expectation is that a response is completed finally (to include any reopening of cases of further response) within a reasonable timeframe which should be within six months. The Ombudsman expects the complainant to be kept updated of any delays.



4.3 The graph above shows that 7% (5 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. This is an improvement from 2015/16 which showed a higher proportion of 12 complaints responded to after 25 working days.

4.4 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.

4.4 The chart overleaf below shows the total number of formal complaints received year on year from 2013/14 to 2016/17



- 4.5 The number of complaints increased during 2016/17 but is in line with increased contacts. 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.
- 4.6 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.
- 4.7 These are not directly comparable but the Wirral Community NHS Trust is of a comparable size to HRCH.
- 4.8 The complaint figures below are the total complaints for HRCH in comparison to other Trusts for Q1 to Q3 and are the latest figures available:
- **Hounslow and Richmond Community Healthcare NHS Trust - 55**
  - Wirral Community NHS Foundation Trust - 96
  - Shropshire Community Health NHS Trust - 92
  - Kent Community Health NHS Foundation Trust - 113
  - Central London Community Healthcare NHS Trust - 101
- 4.7 The Urgent Care Centre had a similar number and percentage of complaints in 2016/17 when 22% (n.16) of all HRCH complaints were about the UCC compared to 25% (n.14) in 2015/16. The Walk in Centre has had fewer complaints in 2016/17 when 13% (n.11) of all HRCH complaints were about the Walk in Centre as compared to 26% (n.15) in 2015/16.
- 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 73,171 patients; a complaint incidence compared to attendance rate of 0.02% and the Walk in Centre saw 54,006 patients with a complaint incidence rate also of 0.02%.
- 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. 14 (19%) Being Open meetings were facilitated in 2016/17 which compares to 12 (21%) in 2015/16.
- 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.
- 4.11 The table below illustrates the number of complaints received by service 2016/17.

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

Service	Complaints	%
UCC	16	22
WIC	11	15
MSK Hounslow	7	10
Podiatry	4	6
RRRT	3	4
ICRS	3	4
Paediatric Medical team	3	4
DN Heart of Hounslow	2	3
Continuing Care Ax Team	2	3
Health Visitors (Richmond)	2	3
Health Visitors (Hounslow)	2	3
Immunisation team (Lambeth & Southwark)	2	3
Paediatric Community Nursing & Continuing Care	2	3
DN Brentford & Isleworth	1	1
DN Ham, Richmond & Kew	1	1
DN Whitton & Twickenham	1	1
DN Teddington & Hampton	1	1
Community Learning Disabilities	1	1
Community neuro-rehab	1	1
Nights team	1	1
One You	1	1
Outpatients TMH	1	1
Paediatric SALT (Hounslow)	1	1
Paediatric SALT (Richmond)	1	1
Paediatric Therapies	1	1
Phlebotomy	1	1
<b>Total</b>	<b>72</b>	<b>96</b>

4.11 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)

4.12 The table below shows the top 3 complaint subjects by service area in 2016/17:

Speciality/Team	Treatment/Ability	Attitude (staff)	Diagnosis
UCC	4	5	3
WIC	1	2	5
MSK	0	3	1
DN Brentford & Isleworth	1	0	0
DN Ham, Richmond, Kew	1	0	0
Health Visitor (Richmond)	1	1	0
Immunisation (Lambeth & Southwark)	1	0	0
ICRS	1	0	0
Outpatients TMH	1	0	0
Paediatric SALT	1	0	0
Paediatric Therapies	1	0	0
Podiatry	1	0	0
RRRT	2	0	0

Paediatric community nursing & continuing care	0	1	0
Phlebotomy	0	1	0
Podiatry	0	1	0
<b>Total</b>	<b>16</b>	<b>14</b>	<b>9</b>

4.11 Two of the top three subjects were reported in 2015/16. These are Treatment/Ability which is 22% of our total complaints and staff attitude which is 18%. Diagnosis has moved into the top three subjects and accounts for 13% of the total.

4.12 The two services with the highest number of the top three 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 127,177 patients in 2016/17 which gives a complaint incidence of 0.06%.

## **5. Complaints to the Parliamentary Health Service Ombudsman**

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 one of the Ombudsman's investigation reports and await the outcome for the other two.

5.2 The result of the Ombudsman's investigation was that they partially upheld the complaint. Failings were found in the care and treatment provided and they made recommendations that we write to the complainant acknowledging the failings, pay £350 and develop an action plan to address the issues raised and upheld. We have accepted this recommendation.

## **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 the Health & Social Care Information Centre (HSCIC) now known as NHS Digital.

6.2 Of the 72 complaints received this year 24% being upheld, 36% partially upheld and 40% 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 a complaint to the Urgent Care Centre regarding conflicting information given to a patient. The complainant was informed of the following:

- Teaching has been shared with staff using an anonymised case scenario and x-ray images. This is done as part of staff teaching and professional development in order to enhance their clinical knowledge.
  - Monthly x-ray audits are being conducted by the Lead Nurse, cases are shared with all staff ensuring patient's confidentiality is respected at all times.
- Following a complaint about a district nursing team's interaction with a patient and family, the following was agreed with the team:
    - The team need to listen to the family and paid carers who have greater knowledge of their family member.
    - To work in partnership with the family to improve the quality of care and generate trust between the family and district nurses.
- Following a complaint about MSK Hounslow accepting a referral for a different Trust. The following was agreed:
    - When a patient is offered an appointment with the MSK triage service that was originally destined for a secondary care service then the patient should not be discharged back to their GP but one of the extended scope practitioners should be contacted to call the patient and discuss their management.
- Following a complaint about the Health Visiting service sharing information. The following was agreed:
    - Gain consent to share information from parent/care and inform parent/carer the information that is important to share.
    - Staff to review Information Sharing advice for practitioners providing safeguarding services for children, young people, parents & carers (HM GOV March 2015).
- Following a complaint about the RRRT service's poor communication with a patient's daughter. The following was agreed:
    - The triage team to confirm with the ward staff that consent has been sought and given for referral to RRRT.
    - The triage team to consider a person's mental capacity when gathering information re: consent to refer.
    - All staff to be given a briefing on continuing care.
- Following a complaint about the phlebotomy service when a patient's parent felt the phlebotomist criticised the ways she cared for her child. The following was agreed to:
    - To review patient information leaflet and ensure that this is distributed to all the GP practices in Hounslow Borough.
    - Identify customer service training and invite all paediatric phlebotomy staff including bank staff to have a sensitive approach towards parents having a difficult time using medication for their children.

## **8. Complaints Equality & Diversity**

The Complaints Equality & Diversity Report 2016/17 is included at Appendix 1.

**9. Priorities for 2017/18**

- Ensure lead investigators from all services have had updated complaints training to improve quality of investigation and of responses.
- Maintain complaint response rate and achieve 85% as a minimum.
- Develop complaints survey to gather feedback from complainants following the withdrawal of the Patient Association from providing this service.

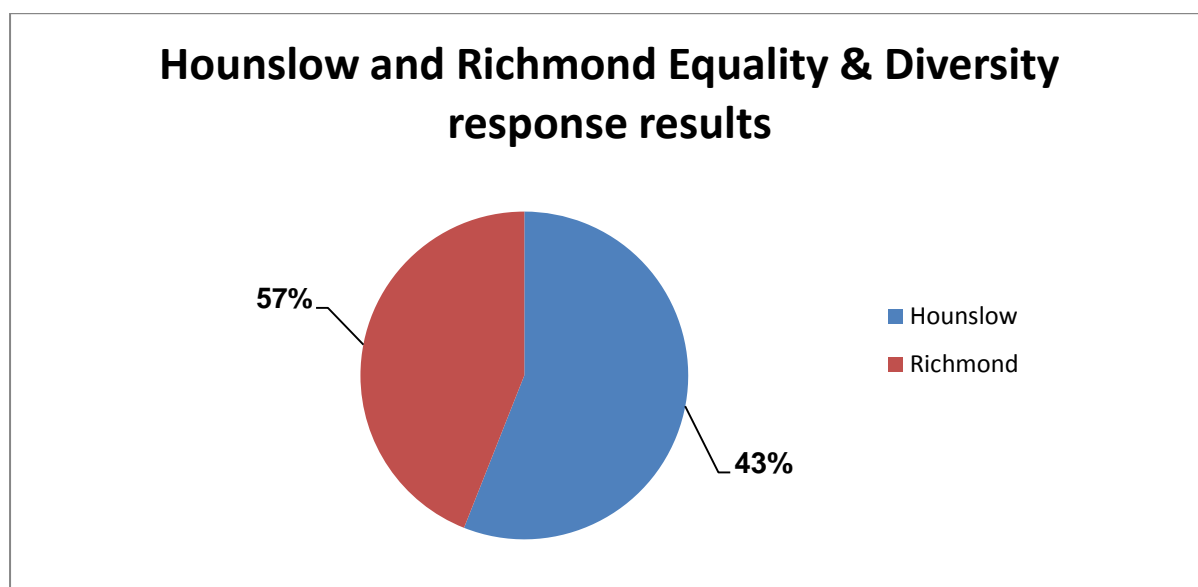


## Appendix 1: Annual Complaints Equality & Diversity Findings – 2016/17

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.

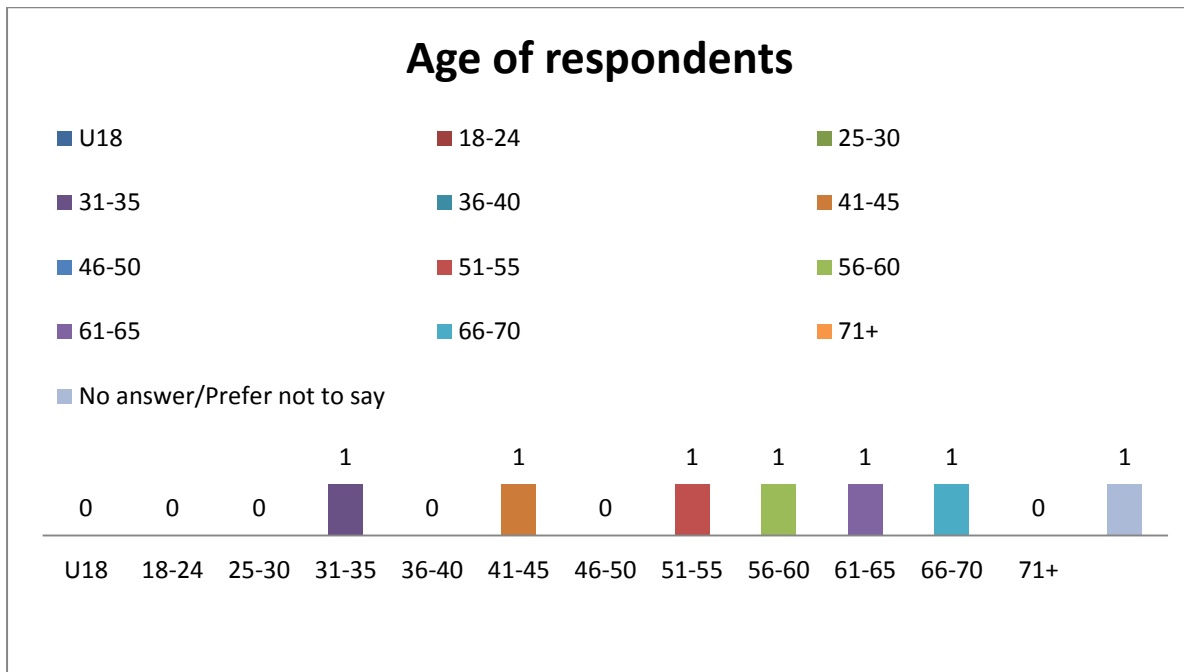
From the 72 formal complaints received, we have had 7 responses to the Equalities and Diversity questionnaire. This is a return of 10%. We recognise this is a small number and so the information presented below cannot be seen as representative. In 2017/18 we will send this information request electronically to try to improve the response rate.

### Comparison between Richmond & Hounslow boroughs



We looked at a comparison of the responses between boroughs, of the 7 responses 57% were from the Richmond area and 43% were from the Hounslow area. This compares with 56% of complaints for the year are from Hounslow and 44% 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 feedback.

**Analysis of the information provided is shown overleaf:**



The ages of respondents were neutral at 1 compared to last year which showed the most popular brackets being 51-55 and 61-65.

The gender of the complainants was 57% (n.4) were female and 43% (n.3) were male, showing that women seemed to be the most responsive to the survey, contributing more than half of the responses.

85% of respondents identified as being married/civil partnership and one person elected to respond with No Answer/Prefer Not to Say.

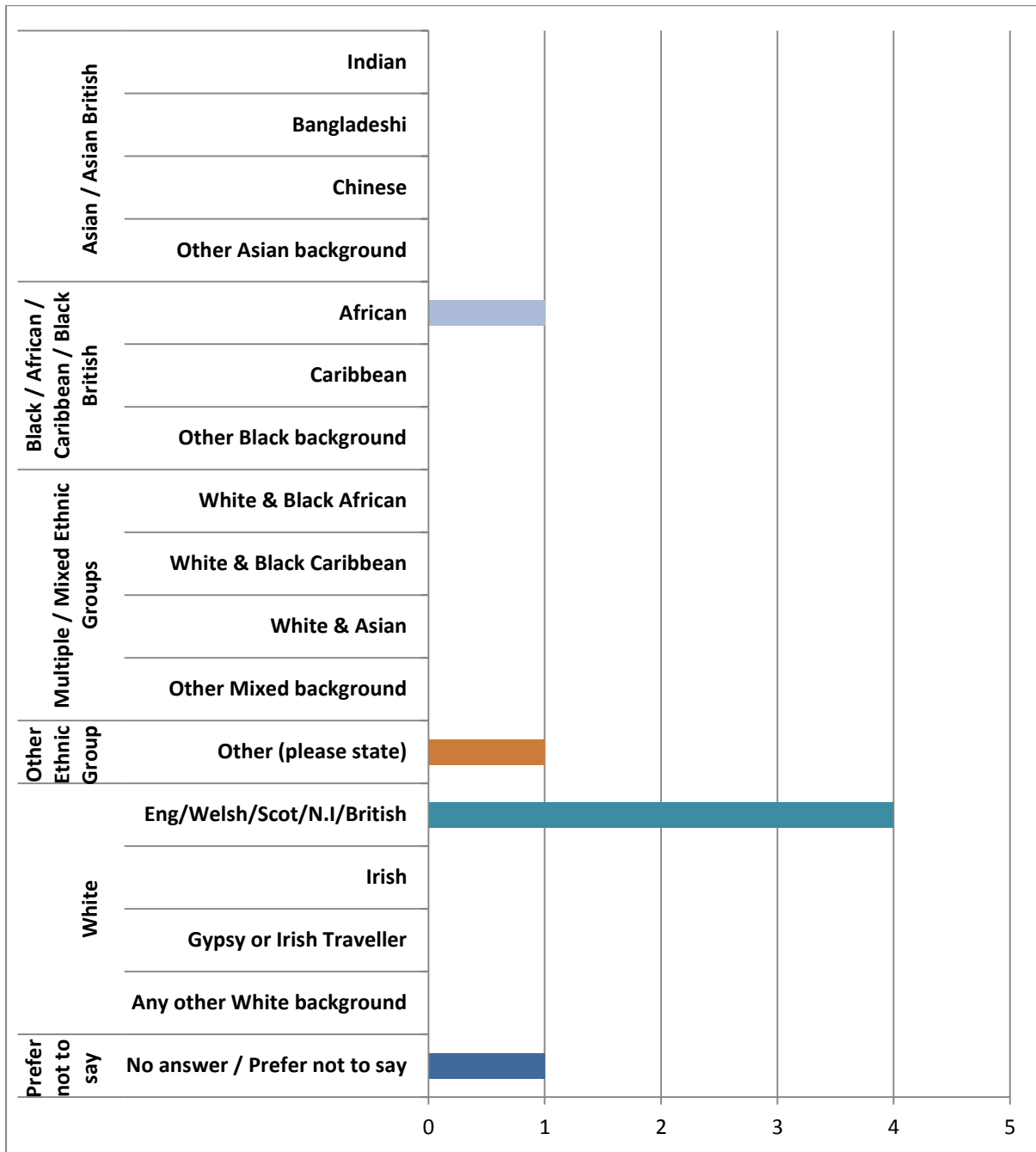
71% of respondents identified as being Heterosexual/Straight with 29% chose No Answer/Prefer Not to Say.

In response to Religion and Beliefs; 57% of respondents identified as Christian and 14% responded as following Islam, 14% responded having no religion and 14% chose No Answer/Prefer not to say.

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

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

## Ethnicity of respondents



As we can see from the chart above that 57% fell into the English/Welsh/Scottish/Northern Irish/British bracket. 14% identified as other as well as African and preferred not to say/no answer.

## Appendix 2

