

Annual Complaints Report 2018/19

1.0 Introduction

The Trust deals with complaints in accordance with its PALS and Complaints Policy and the NHS Complaints Regulations of 2009. This report provides information with regards to complaints received by the Royal Orthopaedic Hospital NHS Foundation Trust between 01/04/2018 and 31/03/2019. It provides data in regard to the number of complaints received and identifies trends in relation to issues raised with the Trust. The priorities for the complaints service during 2018/2019 were agreed as listed below:

- The Ulysses system will be further modified to allow all complaints reports to be pulled directly from this system.
- Complaint investigation and report writing training will continue to be provided for staff that require it.
- The KPI of 80% of complaints completed within the agreed timescale will be achieved.
- The coding of PALS Concerns will be altered to the same system for complaints to allow for direct comparison of the data.

Progress against each of these priorities is covered in Appendix A

2.0 Definitions

Formal Complaint: Any expression of dissatisfaction, where the complainant wishes to have a fully investigated response in writing. These are likely to take longer than 2 working days to resolve, but may also include issues that are resolvable quickly, where the complainant expresses a wish for the complaint to be dealt with formally.

Informal Complaint: A concern that is raised by the complainant where the issue can be resolved either immediately or to the complainant's satisfaction within 48 hours. It also applies to issues raised verbally through the Patient Advice and Liaison Service or the Complaints Department where the complainant indicates he/she does not require a written response from the Trust or does not wish to proceed with the formal complaint, once resolved to their satisfaction. These are not formally reported via the complaints data.

PALS Enquiry: A general enquiry that does not raise any matters of concern, but the individual merely requires information. These are not formally reported and are resolved within 2 working days.

PALS Concern: An enquiry that requires contact with other staff to resolve and a response verbally or in writing to the individual providing answers to specified questions. These are not formally reported and are resolved within 5 working days.

3.0 The PALS and Complaints Team

The team comprises 2.0 WTE – Patient Services Manager (1.0 WTE) and PALS Manager (1.0 WTE).

The Patient Services Manager is responsible for the day to day operational management and performance of both services.

The team reports directly to the Deputy Director of Nursing. The Executive Director of Nursing & Governance is the Executive Officer with overall responsibility.

4.0 Data Collection and analysis

All complaints data is now entered into the Customer Service Module within the Ulysses Safeguard system. Compliments, PALS Concerns and FFT Concerns are also entered on the same module. This has enabled more accurate and responsive trend and theme analysis across all Patient Experience data and allowed the team to work closely with the Divisional teams to improve the recording of actions and learning taken as a result of complaints.

However, the process is still heavily reliant on the Patient Services Team and the management and ownership of complaints within the Directorate will form part of the developmental work in 2019 /2020

5.0 Number of complaints

In 2018/2019, ROH received 138 formal complaints. 1 was withdrawn leaving a total of 137 to be investigated and formally responded to.

Figure 1 below shows the total number of formal complaints received over a three-year period.

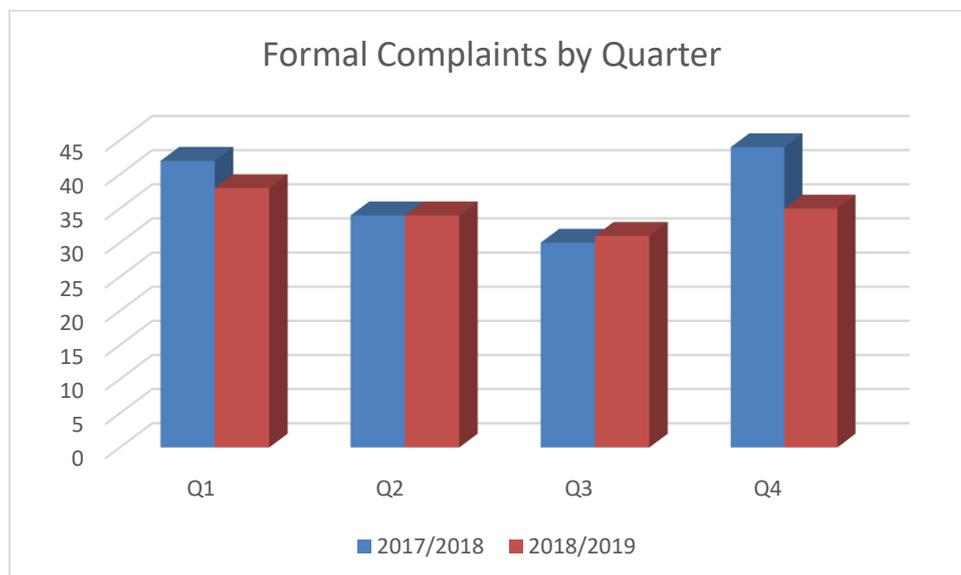
Figure 1: Numbers of complaints received 2018/2019

Formal Complaints	2016/2017	2017/2018	2018/2019
	167	148	137

Formal complaints experienced a 7% decrease compared to the previous year

Figure 2 details the number of complaints by quarter in 2018/19 with the previous year's data for comparison.

Figure 2: Number of complaints by quarter

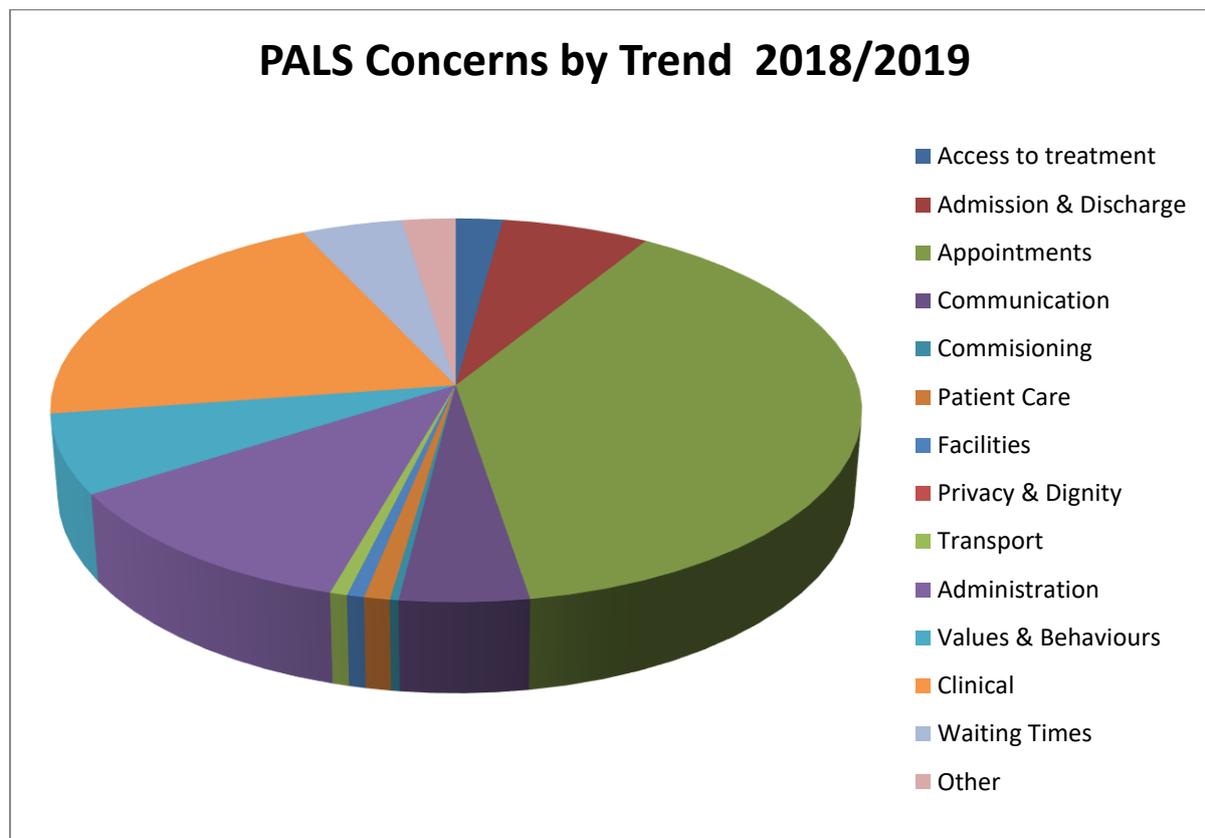


6.0 PALS Contacts during 2018/2019

The PALS department has handled 1531 individual contacts in the last twelve months, which has greatly reduced as planned from last year, due to the removal of the PALS number from every letter leaving the Trust. This was identified as not helpful for patients as the majority of the calls were enquiries, which needed to be passed onto other departments, resulting in a less efficient service for patients. The letters were changed to ensure that patients are signposted to the right service for help, thereby streamlining their experience and leaving the PALS department to manage calls relating to concerns and assistance more effectively. This has been achieved; 41% of PALS calls this year were concerns that required more assistance, compared with 22% the previous year.

Figure 3 below shows the themes recorded for PALS Concerns in the year.

Figure 3: Number of PALS Concerns by Trend



The most common concerns expressed via PALS in 2018/2019 were:

- Appointments: including length of wait for appointments and cancellations
- Clinical advice: including pre and post- operative advice/questions
- Administration queries: including clinic letters and referral letters

The PALS Service has also provided support to patients with identified needs to access appointments and treatment where this has been possible.

The department remains committed to supporting the work of the Learning Disabilities and Safeguarding Teams in the coming year.

7.0 Formal Complaints numbers measured against Trust activity

Figure 4: Complaints against Trust Activity 2018/2019

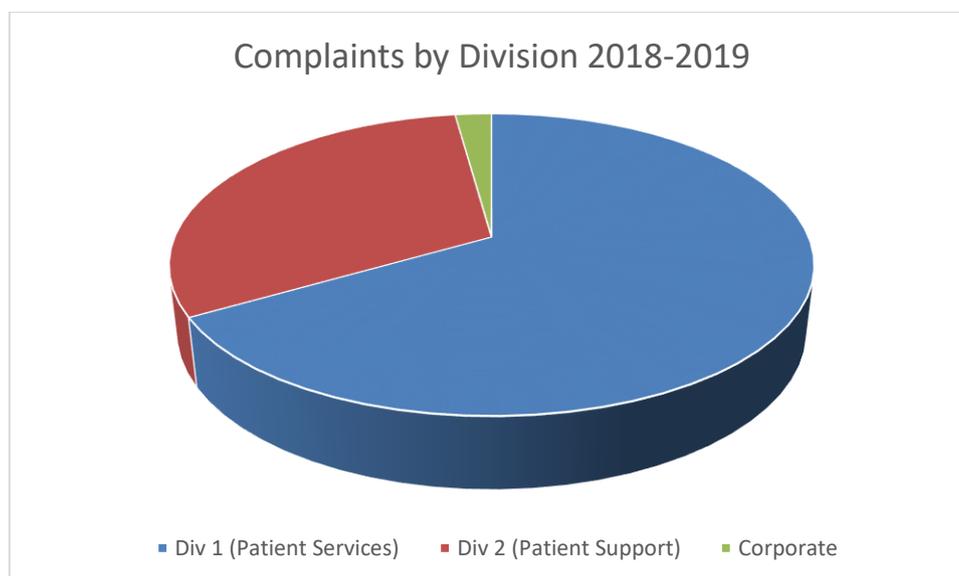
	2018/2019	2017/2018
Inpatient Attendances		
Inpatient Complaints	57	74
Inpatient Episodes	14,444	14,646
Complaints per 100 inpatient episodes	0.39%	0.51%
Outpatient Attendances		
Outpatient Complaints	81	74
Outpatient Episodes	70,735	66,642
Complaints per 1000 outpatient attendance	0.11%	0.11%

The Trust has seen a decrease in Inpatient Complaints and no change in Outpatient Complaints over the year. It should also be noted however that a significant increase in outpatient appointments did not generate an increase in outpatient complaints.

8.0 Number of Complaints by Division

Figure 5 below illustrates the number of formal complaints by each Division in 2018/2019.

Figure 5: Number of Complaints by Division 2018/2019

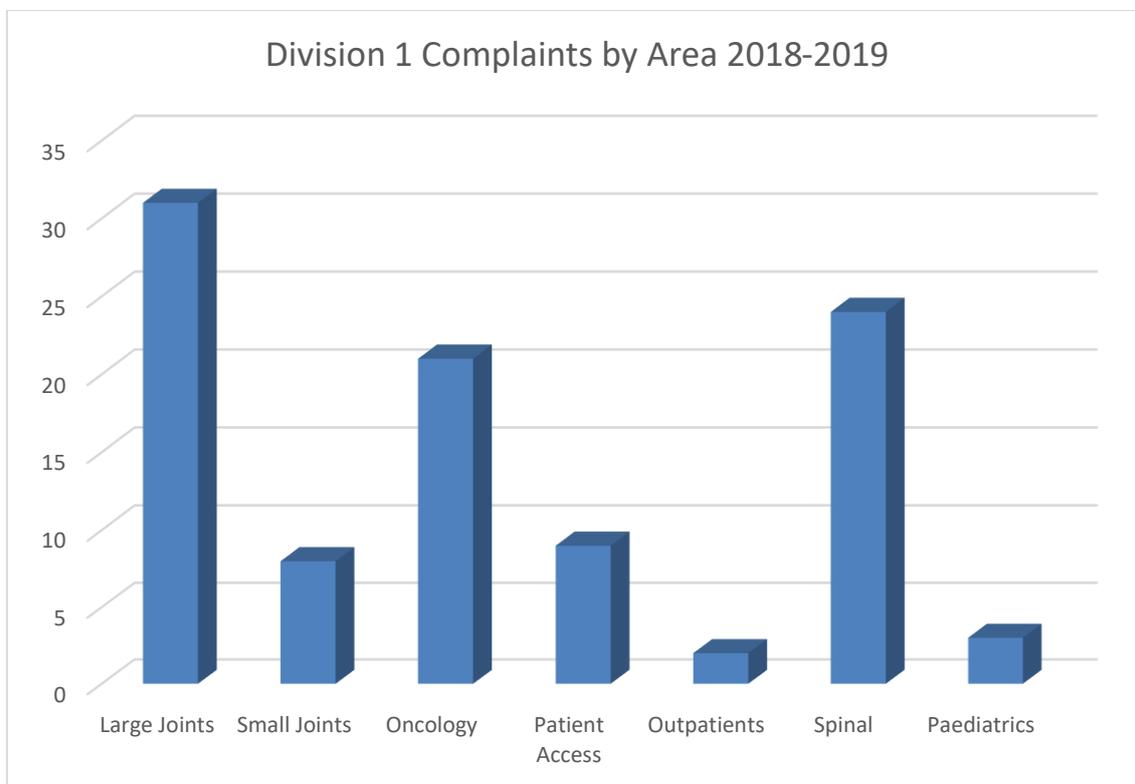


The majority of complaints (67%) relate to the Patient Services Division which is to be expected since this Division oversees all inpatient areas and outpatient departments, compared to Division 2 which oversees Theatres & HDU, the Admission and Day Care Unit, Pre-operative Assessment, all Therapy Services and all Imaging Services. This

is a slight decrease from 70% last year. The two areas with the highest number of complaints in 2018/19 were the Large Joint (19%) and Spinal Services (14%).

Figures 6 below provides an in-depth breakdown of complaints within Division 1

Figure 6: Number of Complaints by area in Division 1 2018/2019



The largest numbers of complaints in Division 1 related to concerns about the Large Joints Service (35% of Div.1 complaints this year). These related to all aspects of the service, including clinical treatment, care provided and administration processes.

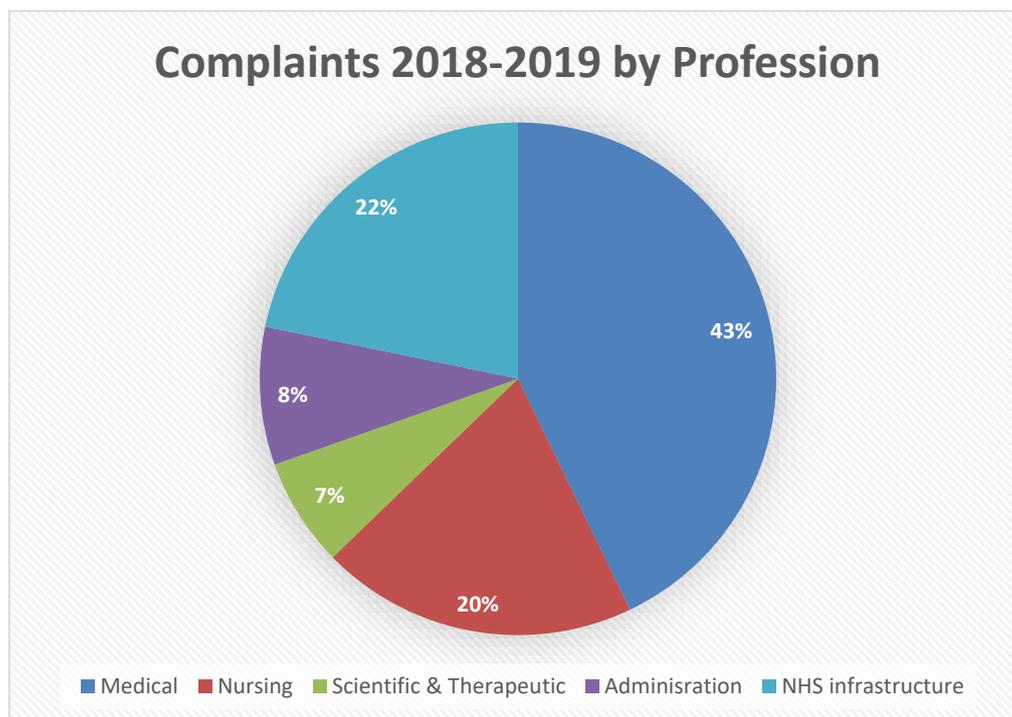
8.1 Spinal Service complaints

The spinal service has received a lower number of complaints about paediatric spinal patients this year. (17% of complaints about the spinal service in 2018/2019 relate to children and young people, compared to 46% in 2017/2018) It is believed that the ongoing work to transfer all Paediatric Inpatient work to Birmingham Children's Hospital and the increased communication of the issues within the service has helped to manage expectations better.

In addition, the Trust undertook a focussed approach to ensuring that patients who had been waiting over 52 weeks for surgery were listed and treated by 2019, which has meant that people are experiencing less waiting time, which was a major source of complaint previously.

9.0 Complaints by Profession

Figure 7: Number of Complaints by Profession 2018/2019



Medical Staff were the largest professional area complained about in 2018/2019. This is reflective of the more complex and specialist activity carried out in the Trust. Many of these complaints are made by patients who have been referred from other hospital for a second or third opinion. The complaints received during this year raised concerns about surgical outcome (not happy with the result), complications (usually known, discussed and consented for), clinical opinions (different clinical opinion about condition) and treatment options (e.g. wanting surgery but this is not an option).

This is like the last two years, although the number of complaints relating to infrastructure support within the hospital has continued to increase, such as the management of referrals and typing of clinic letters) It is believed that this is related to more accurate coding of complaints, whereby long waits for appointments or rescheduling are recorded under this area, rather than to the actions of a specific administrator or clinician.

10.0 Complaints by Subject

Figure 8: Complaints by Subject 2018/2019

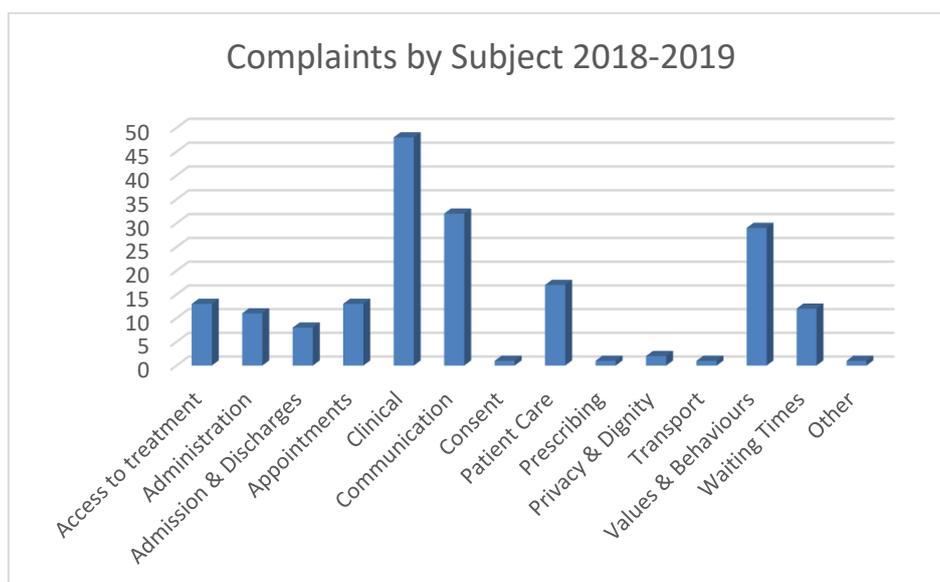
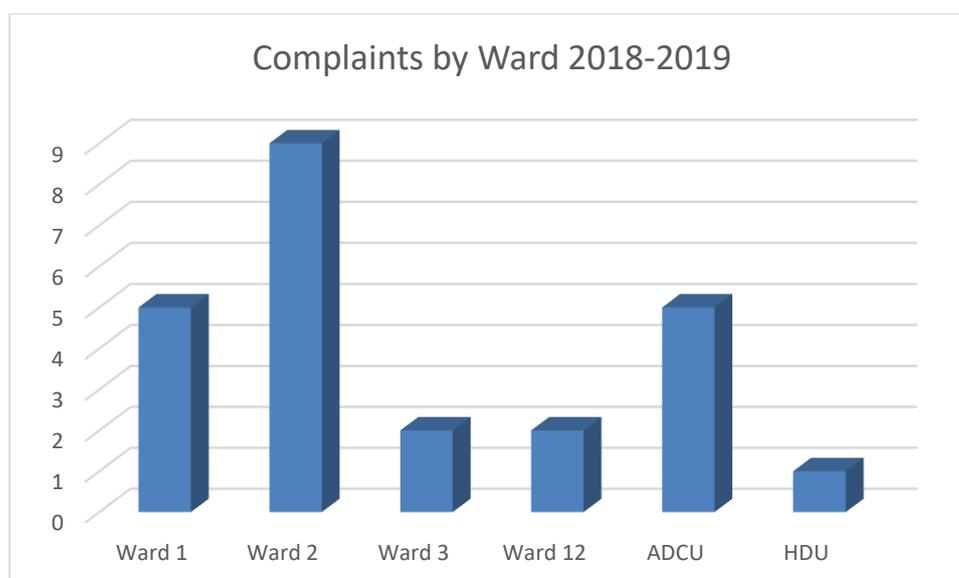


Figure 8 shows the main causes for complaints in 2018-2019, with dissatisfaction with clinical treatment, communication with patients/others and values & behaviours of staff being the highest reasons. These themes show changes from last year and as such provides some assurance that actions are being taken to address identified issues

A review of complaints mentioning values & behaviours of staff is being undertaken to identify any areas of commonality. Additional actions such as training or monitoring will be undertaken where appropriate.

11. Complaints by Ward during 2018/2019

Figure 9: Complaints by Ward 2018/2019



Concerns about aspects of ward care or treatment has been mentioned in 17.5% of complaints this year, which is lower than last year (24%). This local indicator was

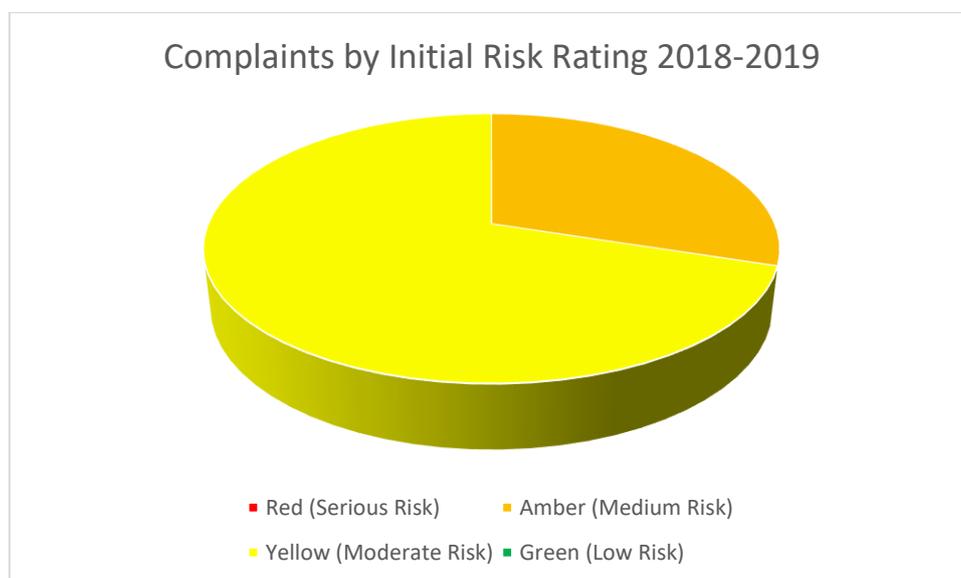
ROHTB (9/19) 007 (a)

implemented in 2015/2016 as there was a marked increase in the number of complaints about ward care in the final quarter of that year (45%). The data is scrutinised, together with other ward performance data in Clinical Quality Group meetings and forms part of the Quality Dashboard completed each month. These are also discussed with Senior Nurses and Ward Managers at their respective meetings. The Trust believes that the greater scrutiny has enabled any necessary changes to be made earlier thereby allowing the significant improvement to be maintained.

It should be noted that Ward 2 looked after the most inpatients in 2018-2019, which may explain the higher number of complaints received.

12. Risk Ratings of Complaints during 2018/2019

Figure 10: Initial Risk Rating of Complaints 2018/2019



The Trust has a robust system of tracking and monitoring complaints. Part of this tracking involves the logging of an initial risk rating. The Patient Services Manager monitors these risk ratings and the Deputy Director of Nursing reviews all complaints that are initially rated Red or High Amber, to ensure Duty of Candour requirements have been discussed and met where required. The Trust Risk Scoring Matrix can be found in Appendix B.

The results of this monitoring clearly shows that most of the complaints that represent a lower risk to the Trust are handled via different processes within the Trust, such as PALS or informally, as the number of complaints assessed as green or low risk are few (none this year). A review of the formal complaints assessed in the lower risk categories shows that in each case, the complainant had expressed a preference for their concerns to be made formal. This is indicative that the Trust is handling complaints in accordance with the Department of Health Complaint Regulations 2012 – that the complainant is able to determine how their concerns are managed.

13.0 Performance against Key Performance Indicators (KPI)

During 2018/19 the Trust had 2 contractual complaints KPI's which were reported to the Trust Board, via the Quality Report and the Commissioners, via contractual reporting on a monthly basis. In addition, there were an additional 2 internal performance measures within the PALS and Complaints Policy. These are:

- Verbal acknowledgement within 2 days if possible (95%)
- Written Acknowledgement within 3 days (95%)
- Response within timescales agreed with complainant (80% KPI – contractual requirement)
- Response within timescales agreed with Commissioner for complaints that come via this route (100% KPI – contractual obligation)

Compliance against these KPI's is recorded in Sections 13.1 and 13.2

13.1 Acknowledging complaints

The ROH complaints procedure states that an acknowledgement should be made within three working days of receipt by any method.

The Trust's Policy states that all attempts should be made to contact the complainant by telephone within the first two days of receipt and this conversation informs the acknowledgement letter sent out by day three. If there is no telephone number available or the complainant does not answer/return the calls, then the letter is sent within the same timescale.

98% of complaint letters received during the 2018/2019 were acknowledged verbally or by e-mail within the correct timescale, thereby meeting the KPI.

95% of complaint letters were formally acknowledged by letter within the agreed timescale. This KPI was met.

All complaints received via Commissioners were responded to within the timescale agreed with them. This KPI was met.

13.2 Responding to complaints within the agreed timescale

The PALS and Complaints Policy states that the timescale for response should be agreed with the complainant. In the event of not being able to contact the complainant and speak to them directly, the Trust sets a provisional response date of 25 working days for routine/lower risk complaints and 40 working days for complex/higher risk complaints (dependant on discussion with the Deputy Director of Nursing, the Designated Complaint Investigator and the complainant as to the complexity of work required).

In line with ROH Policy, it is permissible to discuss an extension with the complainant. If they agree with the extension, the complaint will be deemed to have been completed within agreed timescales. Any complaint can only be extended once.

Annual Compliance with the contractual reporting requirement of 80% for the year has been met at 93%.

14.0 Outcome of complaints made in 2018/2019

Figure 11: outcome of complaints 2018/2019

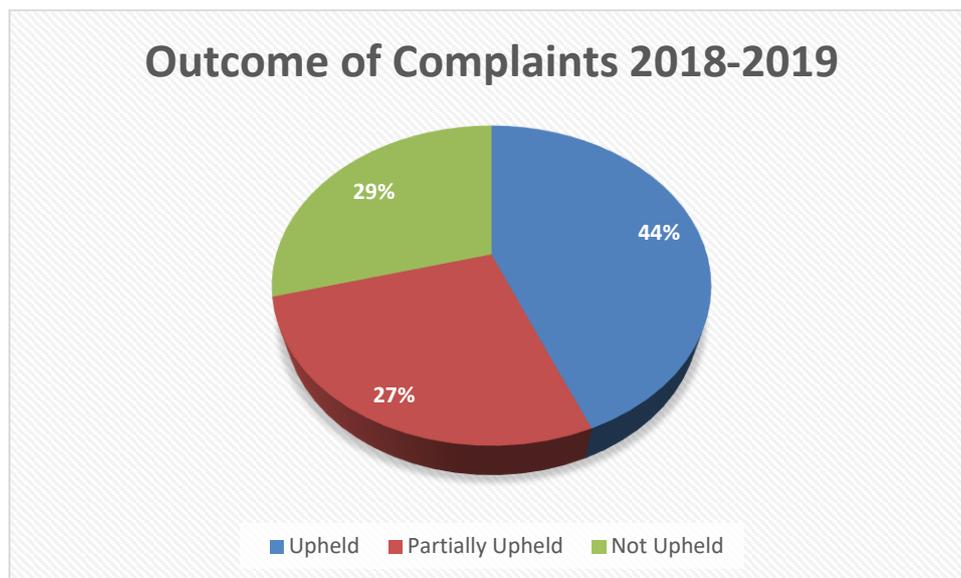


Figure 11 shows the outcome of complaints made in 2018/2019. The Trust upheld some aspects of 71% of the complaints made in this year, which is slightly lower than last year (78%). Complaints are coded in line with the guidance from NHS Digital and there may be more than one aspect in each complaint. The decisions about whether to uphold or not are taken from the results of the investigation and discussion with the

Investigation Lead if this is not explicitly clear in the report. The Trust believes that these figures show robust investigation and clearer expectations of good service provision across the Trust, which is being defined by the changes to the operational structure, the Transformation Agenda and the Quality Agenda priorities

15.0 Satisfaction with the Complaints Service

During 2018/2019, a total of 43 satisfaction surveys were returned by complainants representing 31% of all complainants. The questionnaire is seeking to understand the complainant's perception of how their complaint has been handled,

The number of people satisfied with the handling of their complaint was 100%, which is an increase from last year. In addition, 95% of respondents indicated that they felt that the complaints staff were helpful, sympathetic and professional.

There was a reduction in complainants being happy with the time taken to answer their concerns to 65% (compared to 87% last year). This will be reviewed in 2019/2020

The information from the full satisfaction survey will continue to be reviewed and used to inform further improvement work in 2019/2020.

16.0 Complaints referred to the Parliamentary Health Service Ombudsman (PHSO)

We aim to resolve complaints by undertaking a thorough investigation, providing a comprehensive response and offering all complainants the opportunity to discuss further concerns with us. Generally, the Trust is successful with this, but sometimes it is not always possible to achieve a resolution which satisfies the complainant.

Under the NHS Complaint Regulations, any complainant who remains dissatisfied with the response has the right to request an independent review of their case with the PHSO. Every response contains this information together with the contact details for the PHSO.

During 2018/2019, the PHSO requested information about 4 complaints made to the Trust. 1 was not upheld and 1 was declined by the PHSO for investigation. 2 are still under investigation currently and the outcome is not yet known.

17.0 Listening and Learning from Complaints

Patient Story

Ms X made a formal complaint about aspects of the care that she was receiving on a Ward. She was concerned about another patient opposite whom she felt was isolated and had no-one to speak up for her, which she also added into her complaint. She stated that other patients whom she had been in a bay with had the same concerns. This information was taken by the PALS Manager who had visited Ms X on the ward at her request.

The PALS Manager discussed all of the concerns with the Patient Services Manager and then contacted the Head of Nursing for Patient Services. He immediately went to the Ward concerned and discussed Ms X's concerns with her directly. He then took the opportunity to talk to all of the other patients in the same bay.

Together with the Ward Manager, the Head of Nursing took some immediate actions to offer assurance to all of the patients involved that their feedback had been taken seriously.

Ms X felt very happy that action had been taken so swiftly and was assured enough to accept that information about the other patients could not be shared with her.

As a result of Ms X's complaint and information taken from the other patients, a ward action plan was created and monitored by the Head of Nursing. This was shared with

Ms X as part of her complaint response, together with an expression of thanks for sharing her concerns which enabled corrective action to be taken.

Complaints are reviewed and signed off at senior level within the Trust to ensure that:

- Complaints are well managed and contain accurate, helpful responses
- Any serious issues are identified and escalated appropriately
- Trends can be identified and acted upon

The Divisional Governance meetings are well established and provide an opportunity to discuss any complaints and matters of concern in more detail. Action Plans arising from complaints are also monitored and signed off in this group.

Individual Action plans are created for any actions that are specific to an individual complaint. Where actions form part of a larger work plan, patients are informed of this in their response. This ensures that complaint action plans remain targeted and relevant. Once actions have been completed, they are signed off at the meeting and a letter is sent to the complainant confirming that they have been completed.

In 2018/2019, 12 individual action plans were created. A further 34 complaints had actions that were completed prior to the response being sent. 10 responses had actions that were part of a larger work stream and 3 had the actions incorporated into a more in-depth Governance investigation. 1 complaint resulted in a HR investigation.

Learning and actions taken as a result of Complaints in 2018/2019 include:

Learning	Action
RCA had not been completed as thoroughly as expected (historical)	RCA reviewed, redone and shared with complainant with apologies
Changes to pre-operative protocol for aspirin in spinal patients has not been communicated to pre-op	Teams have met to address this
Some miscommunication has occurred as a result of the changes to Non-Emergency Patient Transport and eligibility for reimbursement	Position has been clarified and all relevant departments notified
Stand-alone IT equipment was not all encrypted; IG threat identified when laptop was stolen	Information Commissioner notified; all patients contacted; all stand-alone equipment checked and encrypted; all security reviewed

Patients arriving for biopsy were not aware that they may be waiting for a prolonged period of time	Biopsy Leaflets are being reviewed and amended
There is a possibility that Privacy & Dignity could be compromised with the current curtains on some wards	New curtains are currently being trialled and the old ones will be replaced
Escalation process for concerns about biopsy patients to their Consultant was not robust	All biopsy patients now see the on-call Doctor before discharge
Policy for discharging DNA patient's is being applied differently in different departments	Teams have been reminded of current policy and Clinical Service Manager for Patient Access informed
Staff supplied correct information regarding safety but did so in an inappropriate manner	Reflective session undertaken and training provided
Trust did not have a SOP for the management of wound drains	SOP created and has been approved
Frist floor outpatient reception not open causes confusion for patients when told to report there	Recruitment underway; information updated

17.0 Looking ahead to 2019/2020

The Department continues to work with nursing and operational colleagues to identify more effective ways of working that benefit all and improve patient experience.

Improvements planned for 2019/2020:

- Work will be undertaken with Divisional Leads to further in-bed ownership of complaint investigation and action planning
- Complaint investigation and report writing training will be available in house for staff that require it
- The KPI of 80% of complaints completed within the agreed timescale will be achieved.
- The coding of compliments will be altered to the same system for complaints to allow for direct comparison of all Patient Experience data.

18.0 Conclusion

ROHTB (9/19) 007 (a)

At the ROH, we remain committed to investigating, learning from and acting from complaints where it is confirmed that mistakes have been made or services can be improved. We recognise that the process of improvement is continual and that transparency and honesty are vital when things go wrong.

Progress against 2017/2018 priorities for the Complaints Department

Priority	Status	Detail
The Ulysses system will be further modified to allow all complaints reports to be pulled directly from this system.	Partially Achieved	Thematic reporting is now pulled directly and information for Departments. KO41a is still not available and will be rectified in the coming year
Complaint investigation and report writing training will continue to be provided for staff that require it.	Achieved	All Directorate Leads and Senior Staff have received training.
The KPI of 80% of complaints completed within the agreed timescale will be achieved.	Achieved	Data is submitted monthly
The coding of PALS Concerns will be altered to the same system for complaints to allow for direct comparison of the data.	Achieved	All data is now coded and shared monthly with Departments

Trust Risk Rating Matrix

		SEVERITY				
LIKELIHOOD	Insignificant 1	Minor 2	Moderate 3	Major 4	Catastrophic 5	
1 Rare	1	2	3	4	5	
2 Unlikely	2	4	6	8	10	
3 Possible	3	6	9	12	15	
4 Likely	4	8	12	16	20	
5 Almost Certain	5	10	15	20	25	

Green = LOW risk

Yellow = MODERATE risk

Amber = MEDIUM risk Red = HIGH risk