

Annual Complaints & Patient Advice and Liaison Service (PALS) Report

1st April 2017 – 31st March 2018

Our Bolton NHS FT Values



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1.0 Introduction

Bolton NHS Foundation Trust is an integrated organisation providing acute hospital services; specialist and general out patients; Maternity and Women's Health; Emergency Department; and Community Services which are continuing to be developed many as shared services across health and social care (Local Authority). In 2015/16 a 3 year Patient and Carer Experience Strategy was agreed which provides a focus for delivering the best experience for all our patients over a 3 year period building on current achievements. In this report from time to time it talks in terms of 'upheld' and 'not upheld' which is terminology that the NHS is required to use. However, whether upheld or not, the Trust will always seek to learn from complaints as it values greatly the time that patients and relatives spend feeding back to us about the services we provide.

2.0 Purpose

The Trust is required to publish an Annual Complaints report in accordance with The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 and this report sets out a detailed analysis of the nature and number of complaints and concerns received by Bolton NHS Foundation Trust from 1st April 2017 to 31st March 2018. It provides key information of our performance in responding to complaints and concerns; what learning has been identified as a result of investigations undertaken and how practice has changed in response to the issues raised through the complaints process.

3.0 Key successes/progress since 2016/2017

A number of challenges were set from the previous report and the progress towards these is set out below.

Challenge	Progress
Undertake a comprehensive review of the complaints process within the Trust and update the Trust Concerns and Complaints Policy	Achieved The policy was reviewed and amended and implemented Trust wide in July 2017.
Develop a robust monitoring processes to improve the Trust's overall response rate to achieve 95% or above	Achieved A daily management system was introduced along with an escalation process which has resulted in an annual performance of 96%
Further develop the Customer Care elements of the complaints handling process to reduce the number of re-opened cases by a further 5%	2% away from target A number of methods were introduced to assist in ensuring that the Trust fully understood the issues to be investigated. This has resulted in 7% of re-opened complaints compared with 10% from the previous year. This will continue to be a challenge in the following year and further steps in the process will be introduced to assist in achieving this.
Continue to develop the PALS Service with a view to reducing the number of formal complaints by 5%	1.5% away from target Progress has been made with the number of formal complaints in 2017/18 being reduced by 3.5%. This will continued to be a challenge in the following year with further focus on the PALS service to resolve complaints at source.
Strengthen the training programme for complaints handling and aim to deliver a minimum of 6 sessions throughout the year	Achieved A variety of training sessions have been delivered to a number of staff groups throughout the year totaling 10.

There were a number of successes from 2017/18:

- A reduction in the number of formal complaints received
- Performance above the Trust trajectory of 95% responses issued within 35 working days
- A reduction in the number of cases re-opened
- No investigations undertaken by the Parliamentary and Health Services Ombudsman

4.0 Number of complaints received

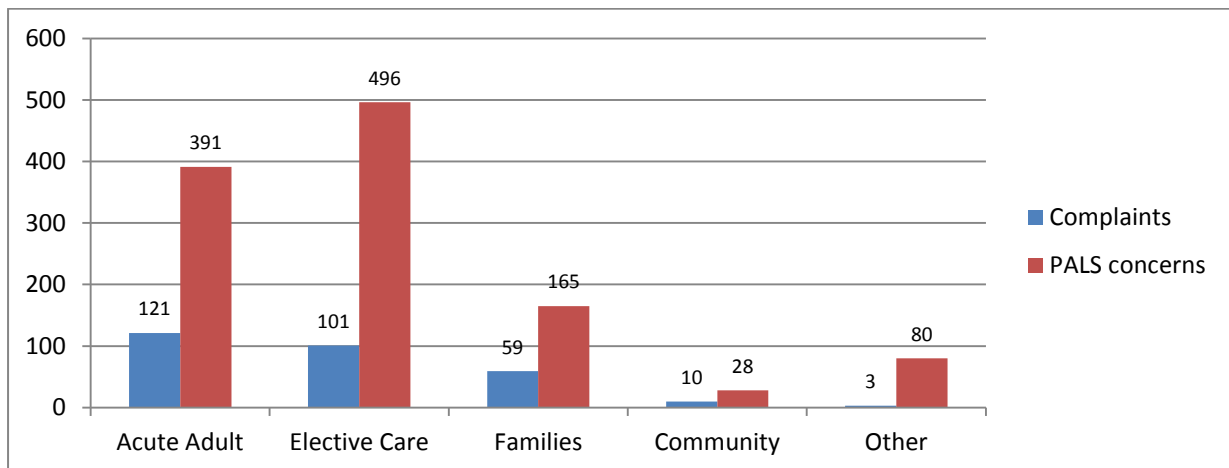
From 1st April 2017 to 31st March 2018, the Trust received 294 written complaints that were responded to under its Complaints and Concerns Policy. The table below provides details of how these compare with episodes of care with comparative data for the previous year.

	2015/2016	2016/2017	2017/2018
Complaints	398	305	294
PALS	942	1190	1158
Episodes of care delivered	1,232,422	1,194,472	1,193,718
Ratio complaints/PALS concerns v episodes of care delivered	1:919	1:1003	1:822

The above information shows:

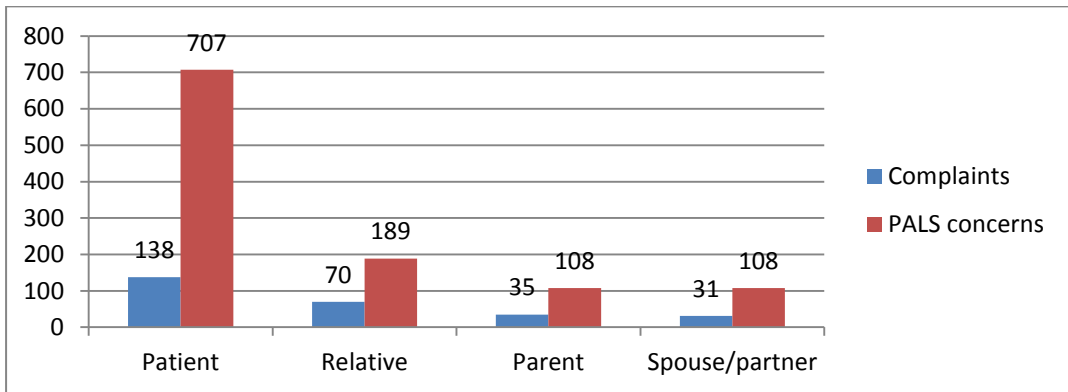
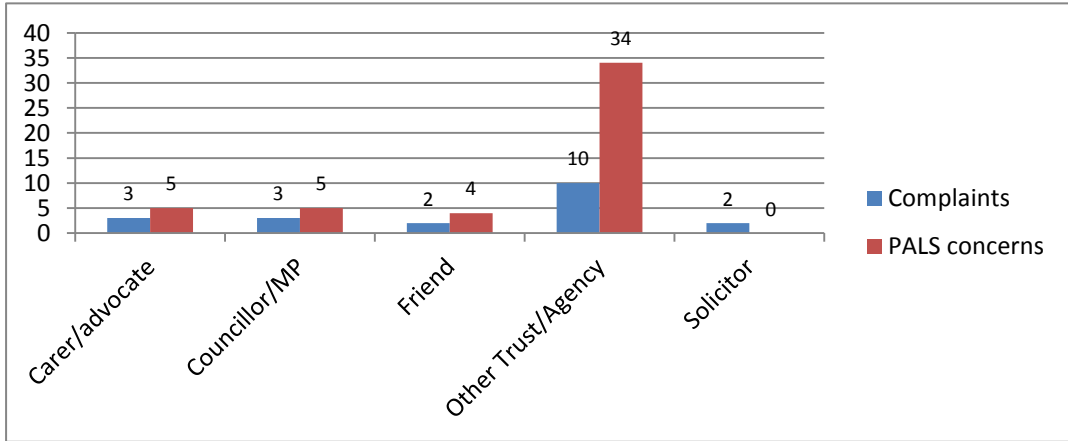
- That although there has been a reduction in the number of formal complaints and PALS contacts, a slight decrease in activity has given a greater ratio of patients making a complaint or contacting PALS.

The tables below show the complaints and PALS concerns received by Division.



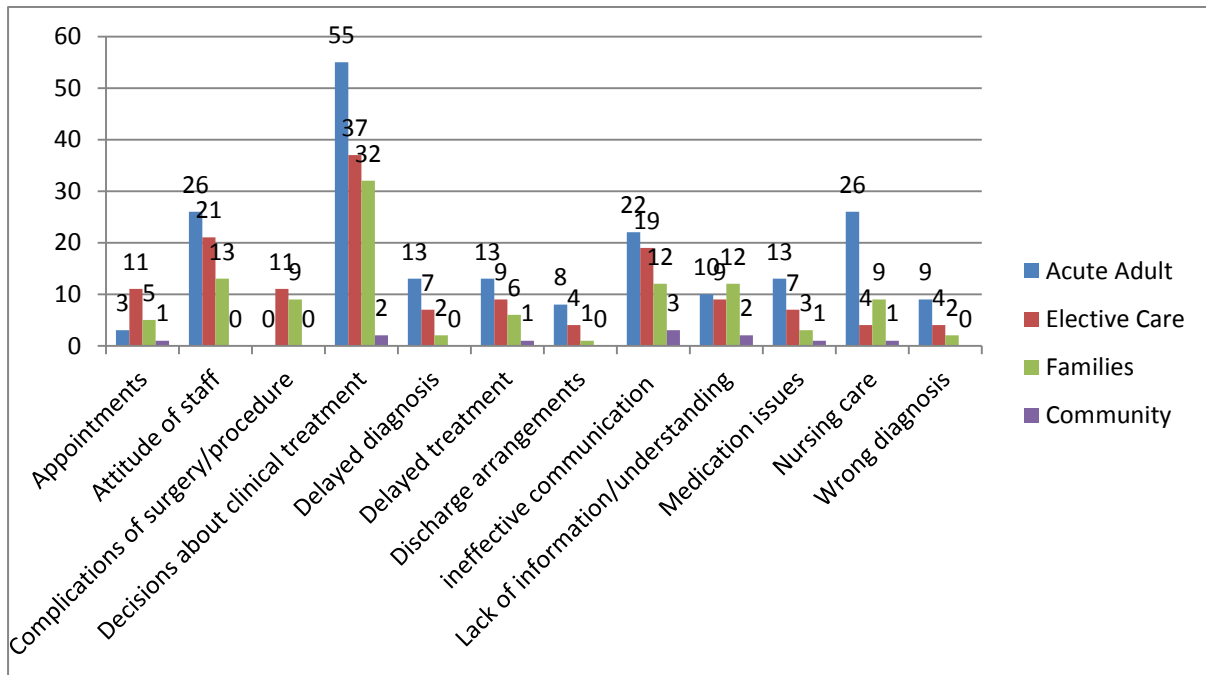
5.0 Source of complaints

The Trust receives complaints and PALS from a variety of sources and the charts below provide details of this:



6.0 Analysis of themes

Previous reports have shown the categories of complaint by main issue recorded. This report and the graph below provide an analysis of all categories recorded (*this will be greater than the number of complaint letters received as each complaint may have more than one category recorded against it*).

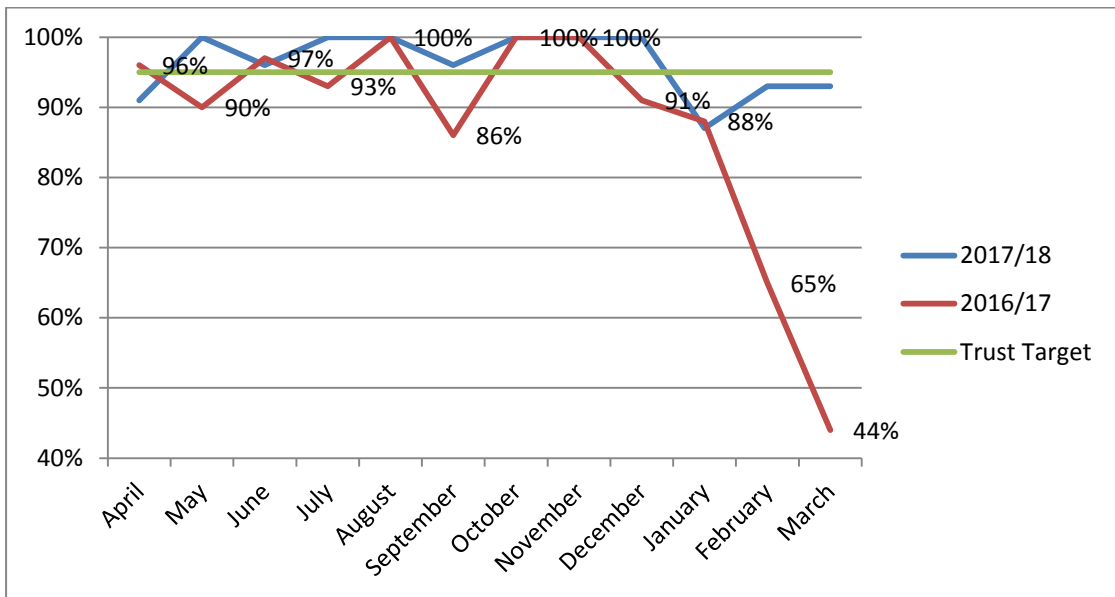


7.0 Response rates

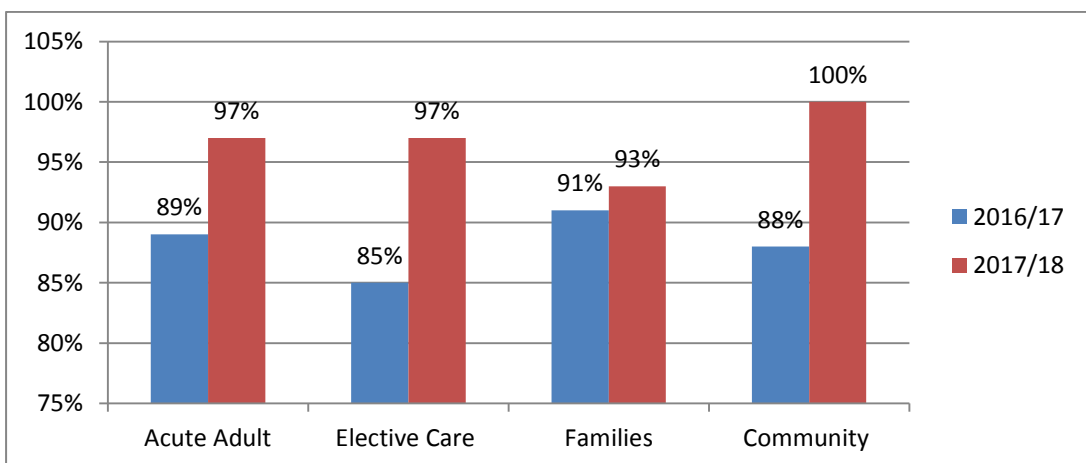
The Trust Policy is that complainants will be sent a written response from the Chief Executive within 35 working days or longer at the complainants request or where the complaint relates to other NHS providers or is complex in nature.

The Trust aims for an overall annual response rate of 95% and in 2017/2018 the Trust was successfully in achieving a 96% performance. The Trust breached on only 11 occasions compared with 34 in the previous year. Most breaches occurred as a result of delays within the process often where there was a need to seek clarification/information to ensure the response met the needs of the complainant.

The chart below shows the target achieved by month with comparisons for the previous year.



The chart below shows performance by Division with a comparison for the previous year:

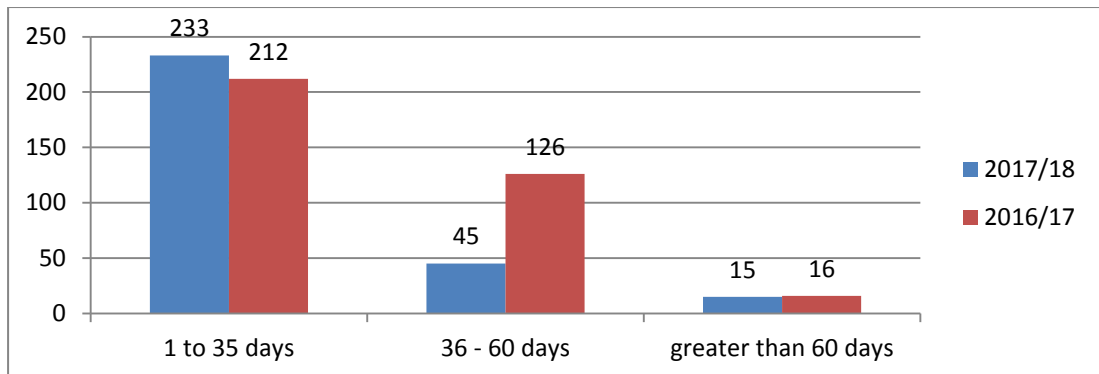


Without exception, each Division has improved their performance in 2017/2018.

8.0 Days to respond

During 2017/18 the Trust did not have any complaints exceeding the 6 month target set out in the Local Authority Social Services and National Health Service Complaint (England) Regulations 2009.

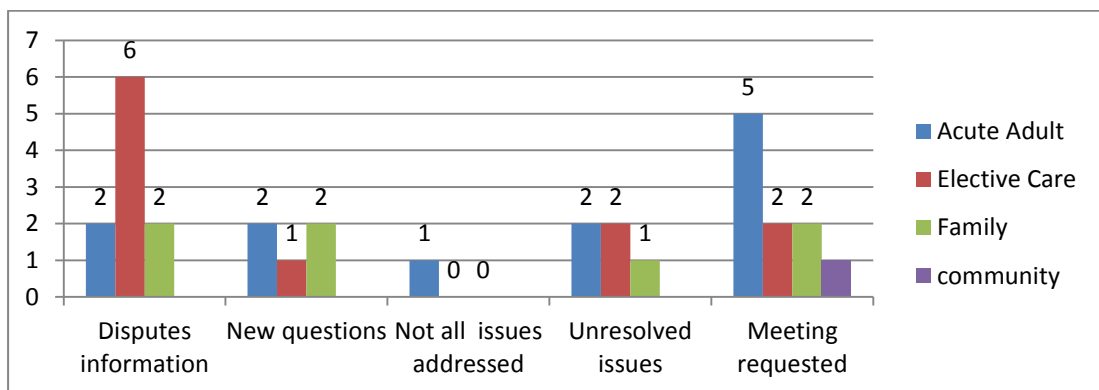
The table below shows the days to respond compared with the previous year and demonstrates the improvements that have been made this year.



In addition, during 2016/17 there were 157 responses that were issued on the day of the 35 working day target or the day before and this was reduced to 125 during 2017/18.

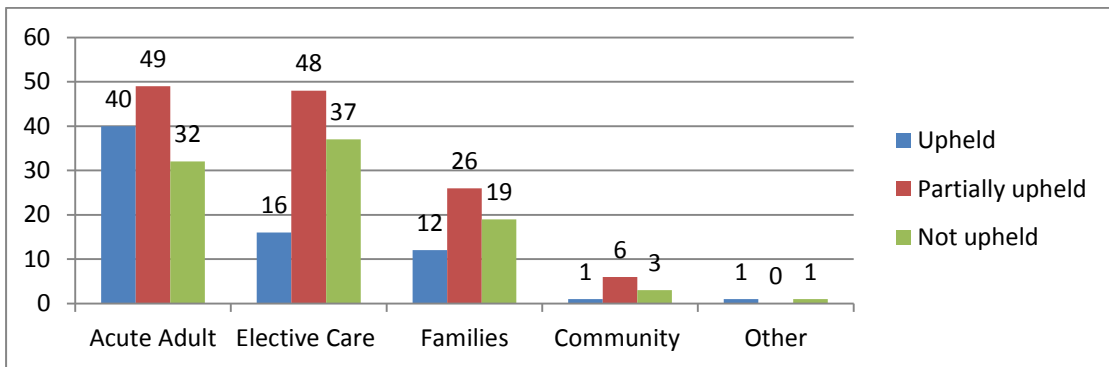
9.0 Re-opened cases

During the period 2017/18, 21 complaints were re-opened (excluding meeting requests) compared with 32 the previous year. There are often a number of reasons why complaints are not resolved initially. The Trust proactively offers a meeting which allows a further opportunity to provide an explanation and achieve a resolution. The charts below provide details of the reasons the cases were re-opened and which Division they related to:



10.0 Outcomes

Of the 294 complaints received during the year 2017/18, 292 have received a response at the time of this report being finalised. The table below indicates whether they have been upheld, partially upheld or not upheld based on the outcome of the investigation and are shown by Division.



11.0 Learning/Service Improvements

The Trust is committed to learning from complaints received regardless of whether they are considered to be upheld or not. The outcome of the investigation which includes details of the actions and learning identified are monitored at the weekly Incident, Complaint, Claims Action Monitoring meeting (WICCAM) where complaints are discussed alongside incidents and claims to ensure governance arrangements are robustly embedded to improve patient safety. Monthly reports on outstanding actions from complaints are monitored in this way. To ensure that Trust wide learning is shared, monthly slides are produced and circulated across the organisation providing details of examples of learning from complaints.

What have we changed as a result of complaints in 2017/18:

- We have reviewed the pre-assessment information for our Cataract Surgery patients and amended this to include further information about the risk of transfer to Manchester Eye Hospital for further treatment if complications occur. This also includes the need to be accompanied by a friend or relative. A site location map of the Eye Hospital has also been sourced and is now provided to all patients on transfer together with the car/taxi driver.
- We have amended our breast screening letter for following up patients to include a sentence asking them to contact the Trust if they are under a consultant or had a mammogram in the last 6 months.
- We have reviewed and amended our Enhanced Care Policy and included a live register of patient moves in and out of hours to be monitored daily by the duty matron to ensure they are followed up.
- All children under 12 months old who attend the Emergency will be reviewed by a doctor graded ST4 or above before leaving the department.
- Our Pharmacy team has reviewed our policy for Heparin infusions to make this clearer for nursing and medical staff to use.
- We have improved the environment in the Early Pregnancy Unit waiting room for the comfort of our patients including wall art, improved seating and flooring.
- Our Emergency department opened 3 extra cubicle spaces which are available when there is an increase in ambulance arrivals to facilitate urgent assessment. It increased senior nurse support within the department from 9am until 9pm to support the department and help maintain quality and patient safety. The department also has a capital redevelopment plan which began in January 2018 which includes expanding the resuscitation room and building a 3 bedded ambulance receiving room which will support the rapid facility to triage ambulance patients on arrival.
- Weighing scales have been made available in the Emergency Department to enable staff to weigh all babies attending the department as routine.
- We have implemented a process for staff to contact the Matron on-call to arrange for or to assist patients in clinics who may have mobilisation issues and need the use of a hoist to use the bathroom.

12.0 Parliamentary and Health Service Ombudsman (PHSO)

There have been no cases accepted by the PHSO for investigation during 1 April 2017 to 31 March 2018 compared with 7 for the previous year and the Trust was only notified of 1 enquiry during this period.

As the PHSO no longer publishes data for Trust's it is therefore not possible to establish whether this is a trend and to enable benchmarking against neighboring Trusts.

The Trust's complaints management policy ensures that complaint investigations and responses meet the PHSO principles of good complaints management and it is therefore assumed that this may be one of the reasons for the improvement seen in this financial year.

13.0 PALS

The Trust received 1158 PALS concerns during 2017/18 showing a decrease of 32 when compared with the previous year. This is consistent with the results of the National Adult In-Patient Survey where patients indicate that they do not know how to raise a concern or make a complaint. Work is currently underway to address this.

The Divisional breakdown can be seen at section 4. All concerns are dealt with quickly by telephone or in person by senior staff visiting the patient or relative on a ward. There is however occasions when it is not possible to resolve a concern to the patient's satisfaction and in these instances, the complaints process will be offered to allow for a thorough investigation and written response to be provided.

In order to manage patient expectations, during the winter months, the PALS team maintained a presence in our Emergency Department to support patients whilst waiting to be seen and to resolve any issues that arose at the time. The PALS team also supported our Elective Care Division by providing patients who contacted them in relation to cancellations of elective surgery with a full explanation.

14.0 Benchmarking

The Trust provides data quarterly to the NHS Digital Strategic Data Collection Service on the number of complaints it has received in that period. This is the statutory based mechanism for collating written complaints data about NHS care and treatment across all NHS organisations in England. There are some exceptions to the criteria; such as if a complaint investigation is led by another Trust and therefore the numbers do not assimilate to the total number. The table below provides some level of benchmarking in relation to other North West Acute Trusts that has been published:

Financial year	Bolton FT	Trust 1	Trust 2	Trust 3	Trust 4	Trust 5
2013/14	562	391	383	1192	813	708
2014/15	467	377	418	1035	756	775
2015/16	398	365	319	1152	607	771
2016/17	305	337	288	743	491	521
2017/18	294	480	378	482*	761	476

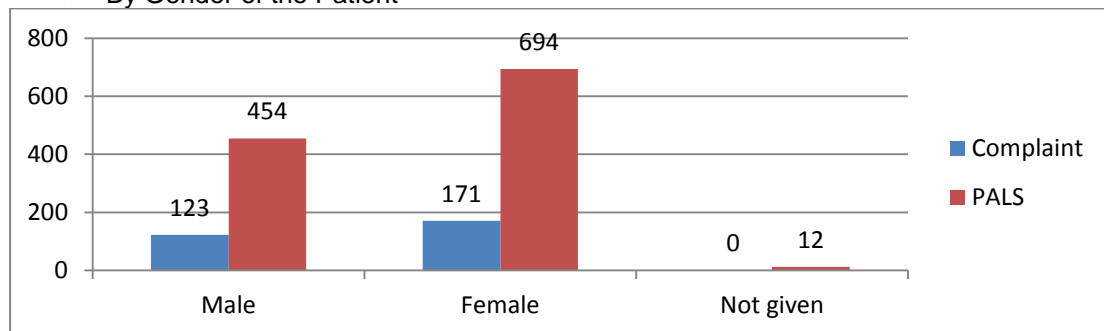
*Q1 and 2 only available

The table above demonstrates a continuous reduction in the number of formal complaints at Bolton FT and is favorable when compared with similar sized Trusts in the Region.

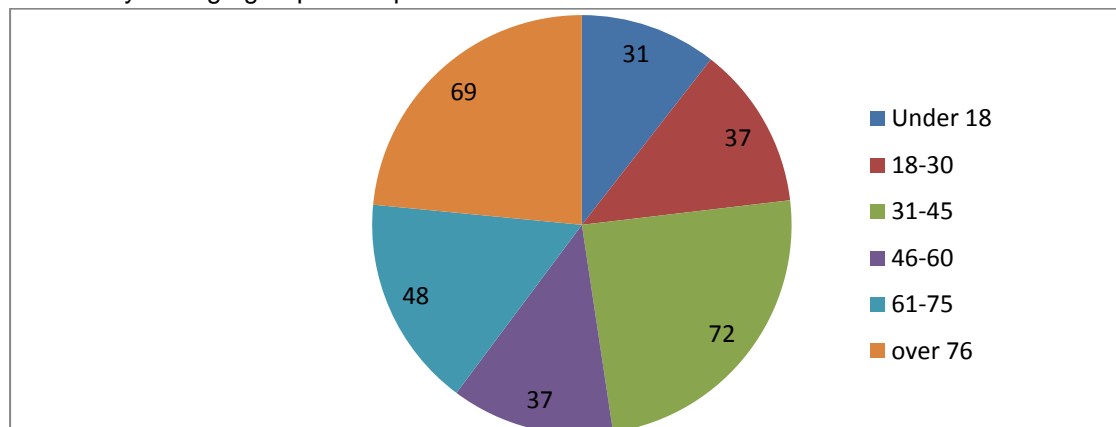
15.0 Equality Diversity and Inclusion

Complaints are currently analysed against the Age, Ethnicity and Gender of the patient in order to assist the Trust in establishing whether the services provided meet the needs for all. These are recorded on our Safeguard complaint database and shared with our Equality, Diversity and Involvement Lead. The Trust did not routinely collect age and ethnicity data for PALS in 2017/18. This data is currently being collected in 2018/19 and will be included in the next report.

- By Gender of the Patient



- By the Age group of the patient



- By Ethnicity of the patient

Ethnic Group	Complaints
Bangladeshi - Asian Or Asian British	1
Black African - Black Or Black British	4
Black Caribbean - Black Or Black British	2
British - White	217
Indian - Asian Or Asian British	8
Not Asked	1
Not Given	15
Not Stated	29
Other Asian - Asian Or Asian British	3
Other Black - Black Or Black British	1
Other Ethnic Category - Other Ethnic	2
Other Mixed - Mixed	2
Other White - White	2
Pakistani - Asian Or Asian British	5
White & Asian - Mixed	1
White & Black African - Mixed	1
White & Black Caribbean - Mixed	0

Challenges for 2018/2019

Although this has been a successful year, there is always room for improvement and there are a number of challenges that have been set going into 2018/2019:

Challenge
Increase the number of complaints training sessions to a minimum of 12 per year.
Review and strengthen the process to evidence learning from complaints.
Maintain the Trust's response rate of 95% or above in year
Further develop the role of PALS to achieve a 2% decrease in the number of formal complaints and a 5% increase in the number of PALS concerns.
Develop the Trust's database for complaints management (Safeguard) to include a review of the categories used to record complaints, improve the recording and monitoring of evidence of learning and access for Divisional complaints leads.
To develop a method of analysis for all patient experience data i.e. FFT, National Survey results, NHS Choices; to include complaints and PALS with the aim of providing a Patient Experience Annual report for 2018/19.