

WESTERN HEALTH & SOCIAL CARE TRUST COMPLIMENTS AND COMPLAINTS ANNUAL REPORT 2022/2023

Introduction:

This Annual Report provides information on the compliments and complaints received by the Western Health and Social Care Trust for the period 1 April 2022 to 31 March 2023.

The Trust welcomes and actively encourages compliments and complaints about our services. On occasion individuals, or families, may feel dissatisfied with some aspect of their dealings with the Trust and, when this happens, it is important that the issue is dealt with as quickly as possible. We recognise that everyone has a right to make a complaint and we can learn valuable lessons from them – a complaint may well improve things for others.

Complaints provide us with lessons to help us learn how to improve our services. Whilst we aim to give the best service to all our patients and service users, we wish to know when things do not go well so that we can take the appropriate remedial action to prevent it happening again.

We also like to know when users have been impressed or pleased with our service. We can use these examples to share best practice amongst our staff. In addition, compliments can help boost morale.

Achievements during the 2022/2023 year:

- Processed 660 Formal Complaints
- Resolved 84% (554) of the Formal complaints received;
- Acknowledged 98% (646) of the Formal Complaints Received within 2 working days;
- Received 2,282 compliments
- Further reduced re-opened complaints by 25% through the enhanced quality assurance process.
- Re-instated the Complaints Forum in provide further oversight of Trust-wide performance.
- Continued the roll out of DATIX web (Trust Monitoring system) to all Directorates

Complaints:

There has been a further 26% increase in the number of complaints received during the 2022/23 year in comparison to the 2021/2022 year. The number continues to be low considering the range and spread of services Trust staff provide to service users.

Some Key Facts:

- Serves a population of approximately 300,000
- In a catchment area of over 4,842km² and has approximately 12,000 staff
- 7 hospitals
- 30 day centres
- 8 children’s homes
- 11 health centres and clinics
- Care is provided directly into thousands of people’s homes

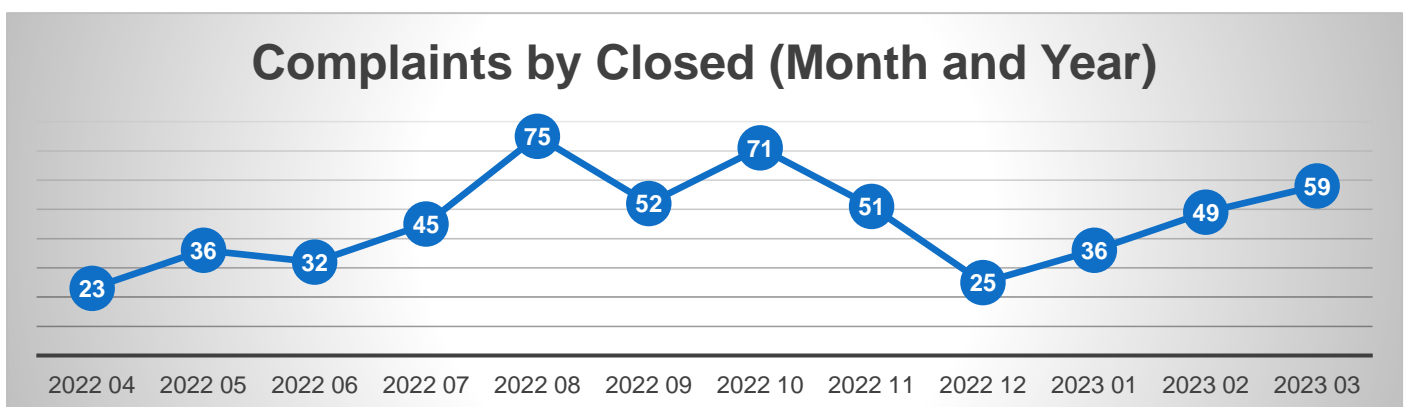
Complaints this year:

During the 2022/23 year a total of 660 Formal Complaints were received by the Trust. This compares with 524 complaints during the previous financial year.

Our Online Complaints Awareness e-training module supplied to staff on the Health and Social Care Complaints Procedure highlights the emphasis around enhanced local resolution and encourages staff to resolve complaints at a local level. The Trusts Investigating Officer Complaints training has also been enhanced, and face to face training re-commenced in 2022/23.

Complaints resolved during 2022/2023:

During the 2022/2023 year, out of the 660 Formal Complaints received, a total of 554 (84%) were resolved. If the complainant was dissatisfied with the Trust’s response a complaint was re-opened if appropriate. The following graph provides a breakdown by financial year of complaints closed.



Of the 554 Closed Complaints, there was 67 re-opened (12%).

Reasons for complaints being re-opened:

Reason	No of complaints and Percentage
Disagreed with content of response/ unsatisfied with response	27 complaints (40%)
Complainant wished to avail of a meeting with staff as offered in complaint response	14 complaints (21%)
Complaint response triggered additional questions	15 complaints (22%)
Complainant felt the complaint response did not answer all of their questions/ queries	8 complaints (11%)
Follow up action from complaint response was not completed:	1 complaint (2%)
Complainant wished to wait for complaint to be responded to post SAI (Serious Adverse Incident) process	1 complaint (2%)
Court proceedings concluded- complaint re-opened	1 complaint (2%)

Informal Complaints:

There are numerous concerns raised by patients, service users and/or their families or next of kin which are resolved at the point of contact with the services. It is acknowledged that informal complaints are under reported and consideration is being given to a more robust process for accurate recording in this area. During 2022/23, 67 Informal complaints were recorded on the Trust Datix system, however it is appreciated that this may not be a true reflection of the above. Of these 67, 45 (67%) were resolved successfully.

Compliments:

Whilst the Trust recognises that sometimes things go wrong, each year it receives thousands of letters, emails and social media comments of appreciation and expressions of thanks to acknowledge the excellent services provided. In 2022/23 the Trust received 2282 compliments. We are proud of our staff and ensure that positive feedback is shared and celebrated. Our staff certainly appreciate feedback from their patients and service users, and knowing when things go well.

In line with regional requirements, the Trust has been recording compliments on an electronic online system since February 2019. This system provides greater accuracy and consistency in relation to the compliments received in writing and aids to provide statistics on our successes. The system has been designed to be easily located on the Trust's intranet site. It is fast, user friendly and is able to provide more information on the reasons why people have complemented a service or a staff member. We continue to encourage staff to use this system.

The Complaints team and the Care Opinion team met monthly to share compliment and complaint themes with a view to collating all patient and service user experiences, with a view to disseminating this learning to enhance our services.

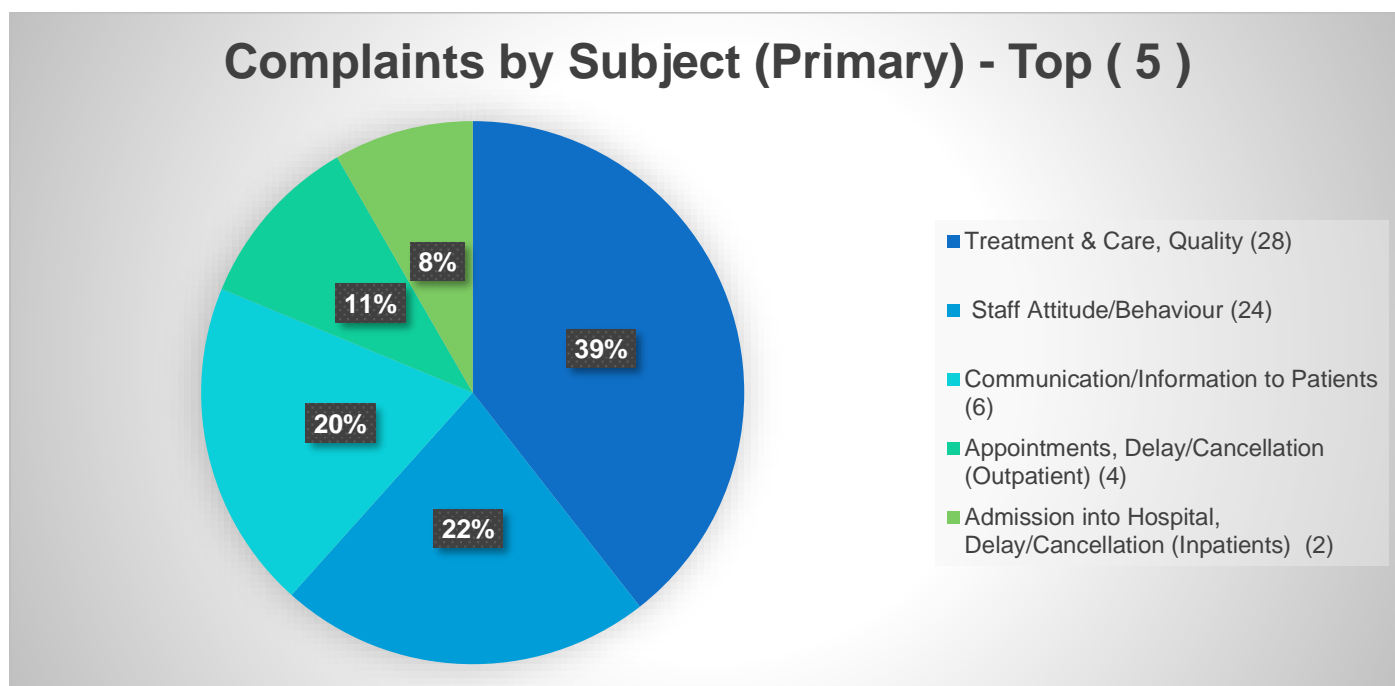
	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
Complaints	461	444 (-4%)	497 (+12%)	417 (-16%)	524 (+26%)	660 (+26%)
Compliments	6287	5363 (-15%)	4961 (-7%)	2768 (-44%)	2512 (-9%)	2282 (-9%)

As we can see from the above data, compliments figures have consistently declined since 2017.

The Complaints team and Care opinion team are working together to combine their data in order to ensure compliments are reflective of what our patients have told us. This is a focus for 2023/24.

Complaints by Subject – Top 5

The top five categories of complaints received during 2022/23 are set out below.



What people complained about:

The table below shows all the complaints by subject for the past year (2022/23). The figures provide a breakdown of issues complained about, as a complaint can raise more than one issue. ***For 2022/23, 660 complaints were received which raised 662 Subjects. ***

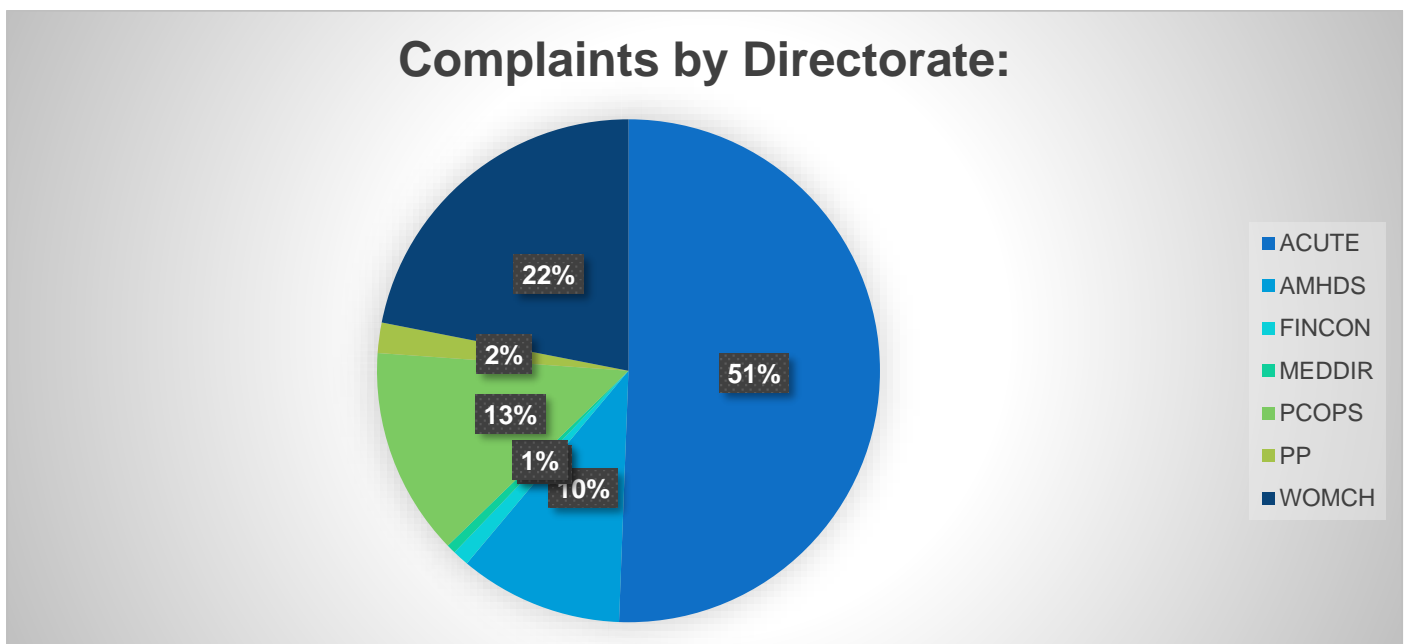
Complaints by Subject (Primary)

Access to Premises (1)	3
Admission into Hospital, Delay/Cancellation (Inpatients) (2)	39
Aids/Adaptations/Appliances (3)	3
Appointments, Delay/Cancellation (Outpatient) (4)	49
Children Order Complaints (34)	4
Clinical Diagnosis (5)	29
Communication/Information to Patients (6)	92
Complaints Handling (7)	1
Confidentiality (8)	4
Consent to Treatment (9)	1
Contracted Regulated Establishments and Agencies (10)	2
Delayed Admission from Accident & Emergency (12)	2
Discharge/Transfer Arrangements (13)	7
Environmental (14)	6

Other (35)	26
Patients' Privacy/Dignity (18)	2
Policy/Commercial Decisions (21)	2
Professional Assessment of Need (22)	20
Patient's Property/Expenses/Finance (19)	7
Treatment & Care, Quality (28)	185
Treatment & Care, Quantity (29)	31
Records/Records Keeping (23)	8
Staff Attitude/Behaviour (24)	104
Patient's Status/Discrimination (20)	1
Theatre/Operation Procedure, Delay/Cancellation (25)	4
Transport, Suitability of Vehicle/Equipment (27)	1
Waiting Times, Accident & Emergency (32)	7
Waiting Times, Community Services (31)	2
Waiting Times, Outpatient Departments (33)	20
Totals:	662

Complaints received by Directorate:

This graph shows the breakdown of formal complaints received by Directorate for the 2022/23 year:



Response times to complaints:

Over the year 98% of complaints were acknowledged within the target of 2 working days and 124 complaints (19%) were responded to within the target of 20 working days.

The timeliness of response times to formal complaints has been an ongoing concern throughout the year. Some of the delays can be attributed to receipt of a number of complex complaints – involving in many cases – more than one service area as well as the time and resources required for thorough investigation and development of responses at service level.

The Trust continues to monitor timescales and promotes the need to provide timely responses. Performance measures for both compliments and complaints are included in assurance reports to the Chief Executive and quarterly to governance forums at Directorate and Trust level. Whilst the Trust wishes to see improved response times, it places equal, if not more importance on the quality of responses and ensuring resolution for the complainants, relevant to the issues raised.

If people are dissatisfied:

Sometimes people are not happy with the outcome of the investigation to their complaint. In the last year 12% of complainants contacted us to tell us they were not completely satisfied with the response provided. We encourage people to let us know if they are unhappy, and we consider other options to attempt to resolve their concerns. We routinely offer to meet complainants, as this allows the opportunity for more detailed discussions, face-to-face.

Northern Ireland Public Services Ombudsman (NIPSO)

For those who remain dissatisfied, they have the right to approach the NIPSO Office directly. The Advice, Support Service and Initial Screening Team (ASSIST) is the public's first point of contact with the office. Where the ASSIST team decide that they cannot resolve a complaint, the case is forwarded to the Ombudsman's Investigations Team. In 2022/23 there were 10 case requests for information from the NIPSO Office. 6 cases were screened in and are on-going, 3 cases were not upheld by NIPSO and 1 complaint was withdrawn from NIPSO by the complainant.

Monitoring:

The Trust is committed to using complaints/concerns as an opportunity to improve our services and care provided to patients and service users. The Trusts Complaints Department uses a database to record, update, manage and produce reports on complaints activity.

Where there are delays in Investigating Officers providing responses to complaints an escalation process is put into place. Complaints open over 3 months are escalated to the Trust's Chief Executive for attention.

A 'Rapid Review Group' was established in October 2018 and this group continues to meet weekly to review formal complaints opened on the database the previous week. Brief information is also provided on complaints that have been re-opened and on new complaints received from NIPSO. This meeting provides an early opportunity to review the complexity and grading of complaints and recommends actions to promote a positive and timely outcome. A monthly report by Directorate and Division is also provided to this Group on the number of working days that formal complaints are outstanding. Following the meeting this report is shared with relevant senior staff for action.

Reports are produced regularly for each Directorate's Governance Committee. These provide information on complaints received, subjects, response times, lessons learned as well as details of outstanding complaints. Quarterly information is also provided on the number of compliments received.

The Trust continues to provide monthly monitoring returns to the Strategic Planning and Performance Group (SPPG) formerly the Health and Social Care Board (HSCB) regarding lessons learned from all complaints closed each month. There continues to be a low percentage of complaints which meets the requirement of the regional guidance to be responded to within the 20 working days timeframe. The Trust recognises that this is one of the key quality indicators for the Trust. This is managed under the Trusts Medical Directorate Risk Register.

Complaints to Serious Adverse Incidents:

In 2022/23 there were six complaints received which resulted in a serious adverse incident (SAI). Upon analysis 17% (1) of these complaints already had an incident recorded, which was under investigation when the complaint was submitted to the Trust. 83% (5) of these complaints triggered an investigation.

17% (1) of these cases have been completed and closed with an action plan currently on-going.

83% (5) have an investigation on-going.

Lessons Learned & Service Improvements from Complaints:

We welcome complaints so that we can learn lessons and improve our service. An action plan is completed, where appropriate, following investigation of complaints. We use this information to feed back to patients and staff on changes and improvements made.

Complaints are discussed with staff concerned and often the issues are brought to staff meetings and other professional forums for discussion on how services can be improved.

Learning outcomes are monitored through the Trusts assurance Framework quarterly within The Governance Committee and also through the Improvement Through Involvement Committee to ensure that all patient's voices are heard.

You said, we did

Complainant said: Complainant has raised concern that she attended for an MRI, was advised she would need to take a pregnancy test which she had no problem in doing so, however she was told she would have to arrange another appointment as there was no one there to check it for her.

We did: Programme of training implemented for all Radiographer staff to be trained in taking pregnancy tests

Complainant said: Concerns raised in relation to the documentation used when preparing for an x-ray. Radiographer completed form to say that patient was abstinent from sex because the form did not give her an option that patient was in a same sex relation and therefore could not be pregnant. Complainant feels that forms used are required to be more up to date.

We did: Forms reviewed and modified to prevent recurrence

Complainant said: Complainant has raised concerns on behalf of the patient. States that he prepared for the procedure and arrived at the Day Procedure Unit to be told he was not on the list for that day. They waited almost an hour to see if they could be seen and told it wasn't possible. Also advised that the patient should have received a call during the week to confirm his appointment and they left with no specific information for another appointment to be scheduled.

We did: Procedural processes modified to ensure recurrence is prevented for all other patients

Learning from a Northern Ireland Ombudsman Case

If a complainant is not happy with the Trust's final response to their complaint they can request a further review by the Ombudsman.

A final report received from the NI Ombudsman's Office following their investigation into a complaint focussed on the following issues:

- i) Whether the assessments, diagnosis, care, and treatment in the ED were appropriate
- ii) Whether the assessments, care and treatment provided to the patient were timely and appropriate.

The following recommendations were highlighted as part of their investigation:

- I recommend that the Trust provides the complainant with a written apology in accordance with NIPSO 'Guidance on issuing an apology' (July 2019), for the injustice caused because of the failures identified (within **one month** of the date of the final report).

-Further recommended, for service improvement and to prevent future recurrence, the Trust:
 - brings the content of this report to the attention to the relevant medical clinicians involved in the patient's care ensuring they have the opportunity to consider the findings in this report and demonstrate that they have reflected on how they can improve their practice in future;
 - ensure relevant medical clinicians faced with similar presentations such as headache with confusion are reminded of the importance of considering TIA / stroke as a suspected diagnosis, with arrangement if required of CT scan prior to discharge of a patient.
 - support the complainant (including paying for any costs involved) with an application to amend the death certificate if he wishes to consider this option.

- implement an action plan to incorporate these recommendations and should provide NIPSO with an update within six months of the date of my final report. That action plan should be supported by evidence to confirm that appropriate action has been taken (including, where appropriate, records of any relevant meetings, training records, and/or self-declaration forms which indicate that staff have read and understood any related policies.)

Plans for the incoming year – 2022/23

- Continued Roll out of the Complaints DATIX Web Pilot amongst all Directorates
- Continued support to be provided to all Complaints Investigating Officers through the provision of Level 2 Investigating Officer training
- Establish a more robust system amongst all Directorates for more accurate recording of informal complaints
- Establish a reporting mechanism for Complaints/Compliments data to be combined accurately with Care Opinion Data
- Continuing to highlight learning from complaints and Ombudsman cases, and use this to identify how things can be done better to improve service delivery throughout the Trust. The Improvement through Involvement Committee will be utilised to enhance this system, and the Learning Dissemination Group will be utilised for scale and spread of key messages
- Continuing to promote the resolution of complaints on the frontline within wards and departments, and working to reduce the length of time taken to investigate and respond to complainants (particularly where responses have not been issued after 40 working days.)
- The roll out of the new Ombudsman's Complaints Handling model within the Trust.



**Complaints Department
Trust Headquarters, MDEC Building, Altnagelvin Hospital
Glenshane Road, Londonderry, BT47 6SB
Direct Line: 02871611226
Main Hospital Number: 02871345171**