



Southern Health
and Social Care Trust

Quality Care - for you, with you

Annual Service User Feedback Report

2020/2021

Introduction

The Southern Health & Social Care Trust (SHSCT) delivers services and treatment to a population of approximately 398,900 within our area.

We have an annual budget of £934 million and a workforce of 14,887 staff.

During 2020-21 we provided treatment and care to:

- **39,898 inpatients**
- **17,218 out-patients**
- **123,135 A&E patients**
- **5,191 births**

The vast majority of Service Users who receive treatment and care from SHSCT have a positive experience and are cared for by well trained professional and supportive service staff, all of whom are highly dedicated. However like any organisation, things can go wrong and when this is the case we make it our goal to listen, learn and improve.

Patient experience and involvement is an extremely important and valuable resource to us. We want to give the best service to all our residents, services users and clients, their relatives and carers. Usually we succeed but sometimes things can go wrong. When this happens, we want to hear about it so we can put things right.

We aim to continually improve, so the quality of services we provide is very important.

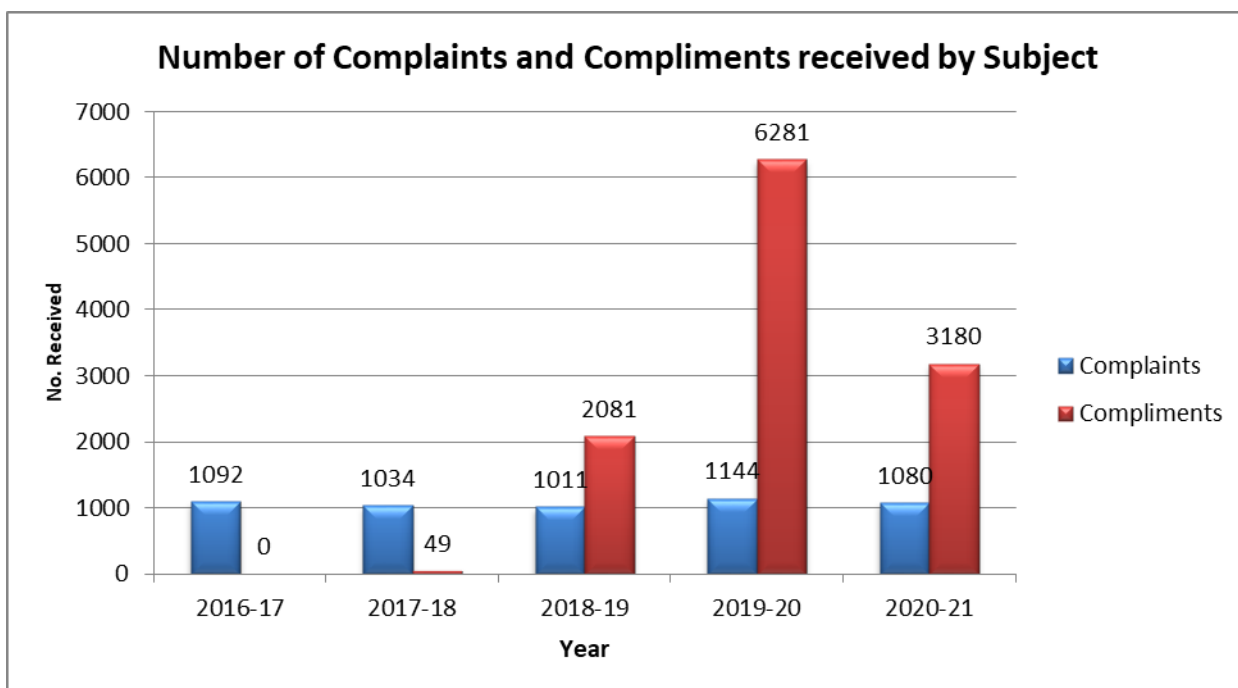
People who have experienced or observed our services can help us to learn and improve by sharing their experiences.

Complaints and Compliments

Regionally complaints are categorised and reported by the subject within the complaint. One complaint letter may have multiple complaints subjects and one compliment may have more than one compliment subject.

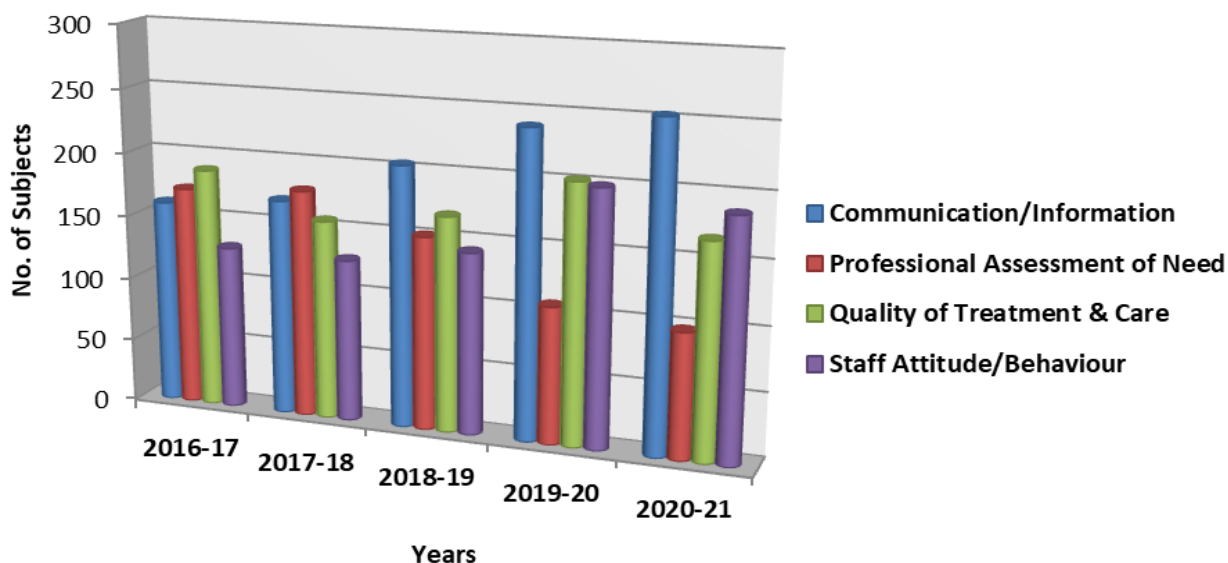
During the past year (2020/21) SHSCT has seen a significant decrease in the number of formal complaints by subject, there has also been a slight decrease in compliments by subject.

As seen in the bar-chart below, the Trust received 1,080 subjects of complaints and 3,180 subjects of compliments in 2020/21.



Complaints can be multi-faceted, involving multidisciplinary teams and relate to events over a short or extended period of time. Complaints about Treatment and Care, Staff Attitude, Communication and Professional Assessment of Need remain consistent as the top four areas of complaints, see below which represents the top four complaint subjects over the last five years;

Complaints by Subject 5 yrs 2016 - 2021

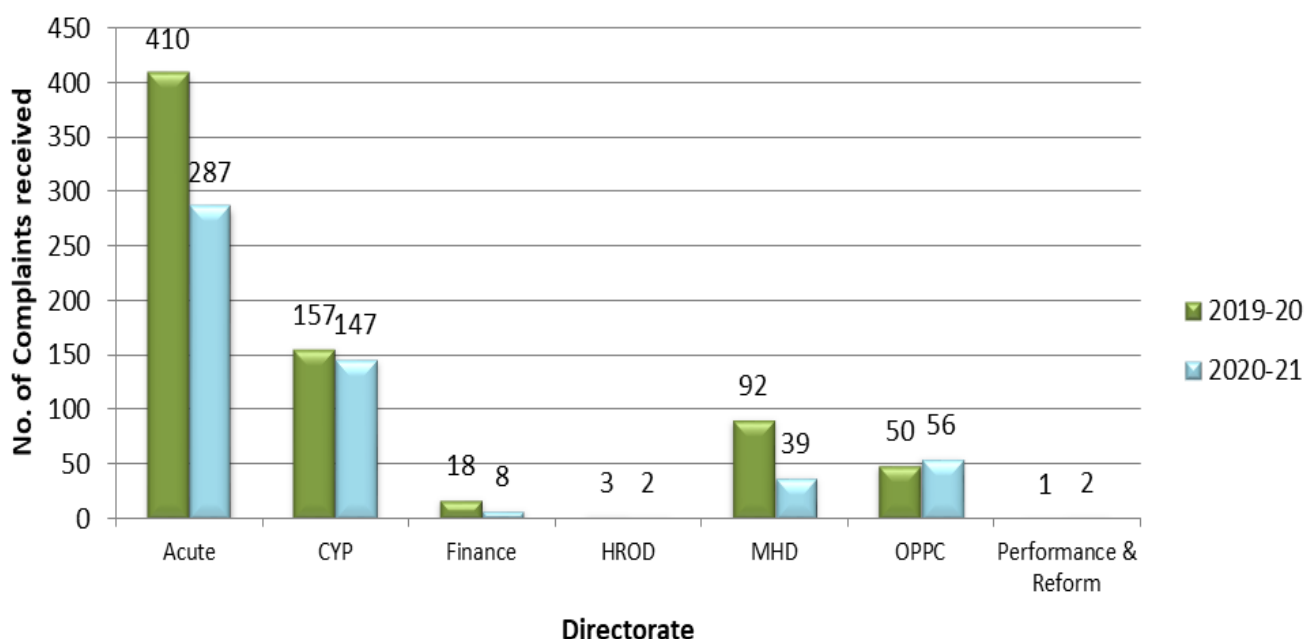


Top 10 Complaints by Subject

Below details the top 10 complaint subjects by % share of the total number of subjects overall. It also compares the level of those complaint subjects against previous quarters.

Jan - Mar 2021							
Complaint Subject	Oct - Dec 19	Jan - Mar 20	Apr - Jun 20	Jul - Sep 20	Oct - Dec 20	Jan - Mar 21	Subject %
Communication/Information	57	67	30	79	84	67	24%
Staff Attitude/Behaviour	47	49	29	54	54	53	19%
Quality of Treatment & Care	44	57	26	47	54	48	17%
Professional Assessment of Need	30	19	18	35	22	26	9%
Clinical Diagnosis	3	11	4	7	10	14	5%
Quantity of Treatment & Care	4	6	6	13	10	10	4%
Waiting List, Delay/Cancellation Outpatient Appointments	9	6	1	5	8	6	2%
Environmental	6	5	2	3	2	6	2%
Discharge/Transfer Arrangements	5	3	6	4	4	6	2%
Property/Expenses/Finances	3	2	5	4	6	5	2%

Complaints by Directorate 2 Year Comparison



A further break down below identifies the top four subjects of complaints which account for the highest percentage of complaints, Communication and Information, Staff Attitude and Behaviour, Quality of Treatment and Care and Professional Assessment of Need.

Complaints can have more than one subject.

Complaint Subject	Oct - Dec 19	Jan - Mar 20	Apr - Jun 20	Jul - Sep 20	Oct - Dec 20	Jan - Mar 21	Subject %
Communication/Information	57	67	30	79	84	67	24%
Staff Attitude/Behaviour	47	49	29	54	54	53	19%
Quality of Treatment & Care	44	57	26	47	54	48	17%
Professional Assessment of Need	30	19	18	35	22	26	9%
Clinical Diagnosis	3	11	4	7	10	14	5%
Quantity of Treatment & Care	4	6	6	13	10	10	4%
Waiting List, Delay/Cancellation Outpatient Appointments	9	6	1	5	8	6	2%
Environmental	6	5	2	3	2	6	2%
Discharge/Transfer Arrangements	5	3	6	4	4	6	2%
Property/Expenses/Finances	3	2	5	4	6	5	2%

Subjects (per Complaint)	2019/20		2020/21	
Communication/Information	239	20.86%	254	25.79%
Staff Attitude/Behaviour	200	17.45%	187	18.98%
Quality of Treatment & Care	203	17.71%	168	17.06%
Professional Assessment of Need	109	9.51%	98	9.95%
Quantity of Treatment & Care	18	1.57%	38	3.86%
Clinical Diagnosis	37	3.23%	35	3.55%
Discharge/Transfer Arrangements	24	2.09%	20	2.03%
Property/Expenses/Finances	17	1.48%	19	1.93%
Blanks	15	1.31%	18	1.83%
Other	13	1.13%	12	1.22%
Policy/Commercial Decisions	23	2.01%	12	1.22%
Environmental	27	2.36%	11	1.12%
Waiting List, Delay/Cancellation Outpatient Appointments	24	2.09%	11	1.12%
Delay/Cancellation for Inpatients	4	0.35%	10	1.02%
Hotel/Support/Security Services (Excludes Contracted Services)	8	0.70%	10	1.02%
Infection Control	4	0.35%	10	1.02%
Confidentiality	21	1.83%	9	0.91%
Waiting List, Delay/Cancellation Planned Admission to Hospital	20	1.75%	9	0.91%
Records/Record Keeping	22	1.92%	8	0.81%
Waiting Times, Outpatient Departments	30	2.62%	8	0.81%
Aids/Adaptions/Appliances	9	0.79%	6	0.61%
Waiting List, Delay/Cancellation Community Based Appointments	7	0.61%	6	0.61%
Discrimination	0	0.00%	5	0.51%
Waiting Times, Community Services	23	2.01%	5	0.51%
Delayed Admission from A&E	1	0.09%	4	0.41%
Access to Premises	5	0.44%	3	0.30%
Privacy/Dignity	14	1.22%	3	0.30%
Consent to Treatment/Care	0	0.00%	2	0.20%
Waiting Times, A&E Departments	18	1.57%	2	0.20%
Complaints Handling	1	0.09%	1	0.10%
Transport, Late or Non-arrival/Journey Time	2	0.17%	1	0.10%
Children Order Complaints	0	0.00%	0	0.00%
Contracted Independent Hospital Services	0	0.00%	0	0.00%
Contracted Regulated Domiciliary Agency	1	0.09%	0	0.00%
Contracted Regulated Residential Nursing	1	0.09%	0	0.00%
Other Contracted Services	5	0.44%	0	0.00%
Transport, Suitability of Vehicle/Equipment	1	0.09%	0	0.00%
Grand Total	1146	100.00%	985	100.00%

Response Times

Where possible, the Trust will seek to resolve complaint issues using local resolution. This can be less distressing for our service users and their families, providing a positive outcome. However, there will be times when local resolution is not possible and the formal complaints process is required.

The HSC Complaints Policy requires Trusts to provide an acknowledgement within two working days and a formal response to the complainant within 20 working days of receipt of a complaint.

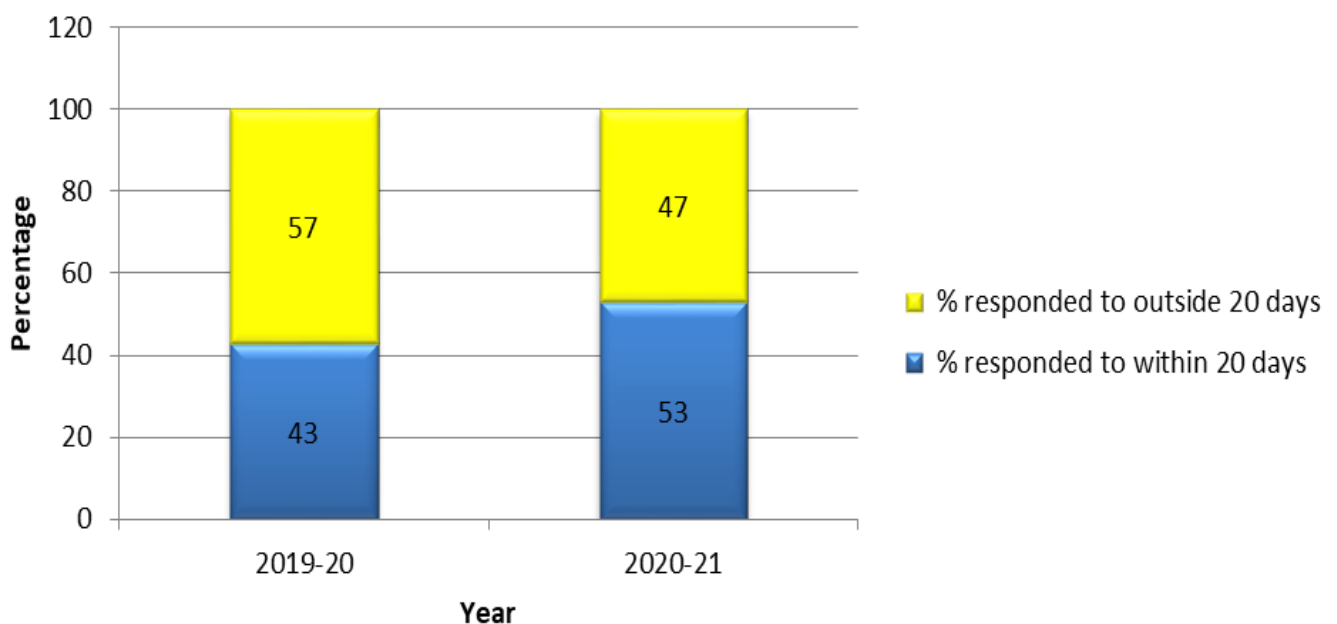
If the Trust requires more time to complete a thorough investigation, the complainant is notified formally using a holding response letter explaining the reason for the delay.

The Trust often offers meetings with complainants and the relevant clinical teams to assist with resolution of their complaint.

Throughout the complaints process the Trust aims to provide the complainant with a positive experience aiming to resolve the complaint. Trust uses all service user feedback as an opportunity to learn, putting measures in place to improve services.

99% Complaints Acknowledged within two Working Days

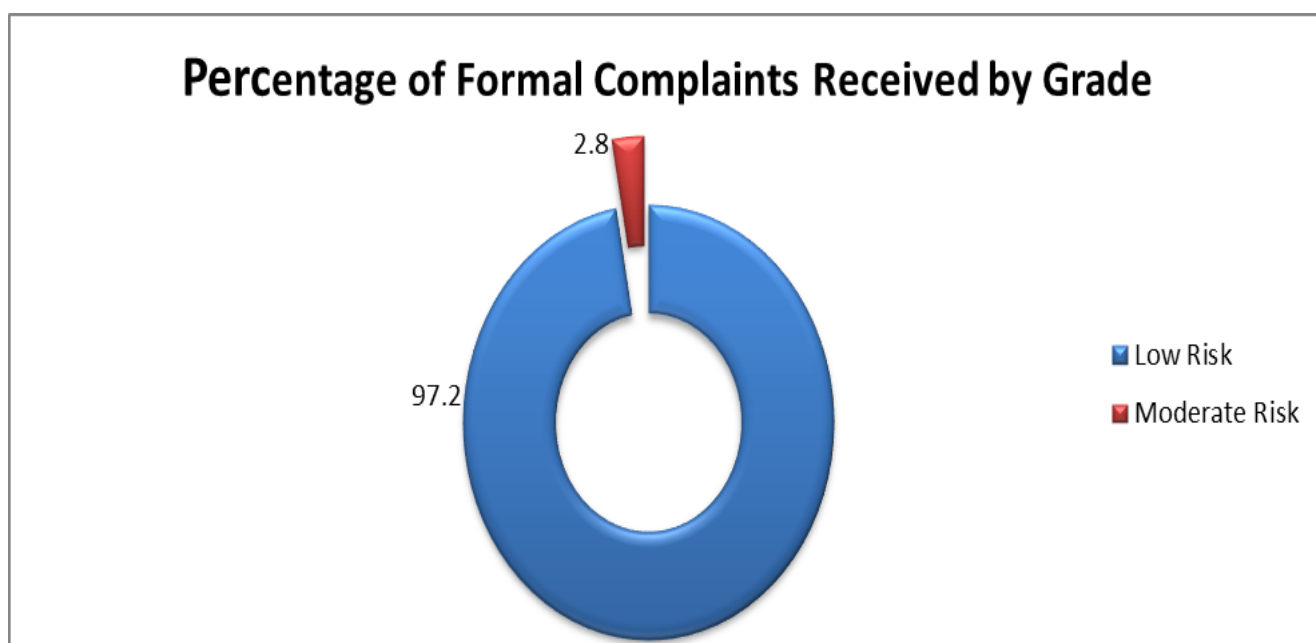
Complaint Response Times



Complaints received by Grade

All formal complaints received by the SHSCT are assessed, risk evaluated and graded according to severity by the individual Governance Teams.

The severity will either be Low, Moderate or High. The graph below demonstrates the percentage of formal complaints received by grade in 2020-21.



The details and learning from two examples of moderate risk complaints are shown on the next page:

Description

Poor communication between the ward and the catheterisation laboratory.

Lessons learned

- **The Interventional Consultant Cardiologist must personally contact the Cardiologist of the Week, if they deem a patient fit to be discharged and brought back as an outpatient, to undergo their cardiac procedure.**
- **Both Consultants will discuss a patient's referral and agree on a decision.**
- **If it is agreed that a patient will be discharged and seen as an outpatient, the Consultant of the Week will inform the patient.**
- **The Interventional Consultant Cardiologist scheduled to perform procedures at the Catheterisation Laboratory will review the referrals daily, Monday to Friday and prioritise the list for that day.**
- **A daily report will be generated by the Ward Sister/Nurse in Charge, highlighting the date of referral. This daily report will identify how long patients are waiting for inpatient procedures. This report will also be sent to the Head of Service, on a daily basis**

Description

Poor communication, inappropriate location for breaking of bad news and lack of attention to personal hygiene needs.

Lack of attention to personal hygiene needs; the patient was not offered or assisted to have a shower and on occasion their buzzer was not within their reach.

Communication: communication issues were: -

- a. Phones not being answered in the ward.**
- b. Phone calls were not returned.**
- c. Getting updated on the patient's medical condition, both daughters were unaware how ill the patient was at the time of admission.**

Delivery of bad news.

Lesson learned

- **Ward teams will be reminded to pro-actively check with patients that they are able to meet their personal hygiene needs independently or if they would like assistance to wash/shower.**

Remind ward teams of the importance of ensuring that patients with restricted mobility have access to their buzzer.

- **Doctors and members of the senior management team will revisit the processes by which family members will receive information during the Covid pandemic.**
- **Doctors will discuss with medical colleagues the need to explicitly clarify with patients who they permit Doctors to speak to regarding their condition and the scope to which information can be shared.**
- **Doctors, working with operational teams, will develop a process for rapid bereavement support to families who experience the sudden and traumatic death of a loved one.**

Learning from Complaints

The Trust continues to investigate complaints in an open and transparent way, using concerns raised through the complaints process as an important source of information for safety and quality improvement.

The Trust continues to work to improve response times.

Sharing the outcome and learning from complaints investigations is one of the ways we improve the experience of people using our services, and ultimately the safety and quality of the treatment and care we provide.

Within the Trust it is the responsibility of all Trust staff to utilise the information and trends from complaints to ensure learning and development takes place. This information is shared at the Trust's governance forums, as well as being directly fed back to staff involved.

Regular analysis of complaint reports is shared at Senior Management Governance meetings and Directorate meetings to highlight themes and trends across the Trust to ensure we **listen, learn and improve**.

In addition to Health and Social Care Board (HSCB) complaints classification, the Trust uses the 'Health Care Analysis Tool' (HCAT) to further analyse complaints from service users. This enables organisational listening through aggregating individual healthcare complaints so that service users concerns can facilitate service monitoring and organisational learning.

The Trust reviews complaints processes by auditing complaints and complaint responses – to identify how we can improve our complaints processes. Analysis of this data will allow an action plan to be developed to improve complaints management systems.

Below is one example of how learning from complaints has changed practices within the Trust

Complaint Subjects	Communication/Information
Complaint Background	Learning
<p>Service user appreciates that due to Covid-19 pandemic, location of departments have changed, however there was no clear signage for patients and service user felt there was a lack of communication between professionals.</p>	<p>Learning was identified in relation to the need for clearer signage on the CAH site.</p> <p>New clearer and user friendly signage has been obtained.</p> <p>The Communications team have also developed a video for staff and the general public to help navigate around the CAH site.</p> <p>Learning was also identified in relation to the need for clearer communication between staff in different departments so that patients are directed to the correct services and buildings.</p>

Ombudsman Cases

When service users are not fully satisfied with the outcome from the Trust's investigation into their complaint, they can raise their concerns with the Northern Ireland Public Services Ombudsman.

In 2020/21 there were 25 cases brought by the Ombudsman, 5 of which are open and 1 remains pending.

Within this same timeframe, 20 cases (comprising of 2020/21 cases and some from previous years) have been closed (14 of which were closed at initial assessment and not accepted for investigation).

The Trust is committed to working with the Ombudsman's office to resolve service user complaints, identifying and implementing learning. We continue to work with the Ombudsman on cases raised during previous years.

***These numbers relate to previous years cases as well as those received within the 2020-21 time frame.**

Below are examples of how the Trust has responded and improved in light of an Ombudsman case for shared learning:

Background/ Issues of Complaint

The CYPS Directorate received a complaint in relation to the Trust's initial assessment of a child for Autism Spectrum Disorder (ASD) in 2014/15.

The complainant raised concerns that the Trust did not properly carry out the ASD assessment and as a result, the child was misdiagnosed as not having ASD traits. The child was later reassessed for ASD and received an ASD diagnosis in 2017. The complainant raised further concerns about the care and treatment the child received following her ASD diagnosis.

The Ombudsman concluded that the multi-disciplinary team involved in the child's ASD assessment in 2015, did not consider all of the cumulative information when making the diagnostic decision.

The Ombudsman found that the multi-disciplinary team failed to reach an appropriate and reasonable diagnostic conclusion in accordance with relevant guidelines. The Ombudsman ruled that this constituted failures in the child's care and treatment.

As a consequence of the failures identified, the Ombudsman considered that the child's reassessment for ASD was delayed and in consequence the ASD diagnosis was also delayed. This delay in diagnosis resulted in appropriate intervention and support not being available to the child sooner. The Ombudsman considered the complainant experienced the injustice of upset, frustration and uncertainty as to the reason for her child's presenting difficulties and having the continued need to raise concerns with the Community Paediatrician.

Recommendations/Learning

The Ombudsman made the following recommendations:

1. Trust apologises to the child and the complainant for the injustice resulting from the failures identified.
Apology provided.

2. Trust provides evidence of how it has reminded staff of the importance of ensuring that Diagnostic Assessment Reports reflect the information that is considered when reaching a diagnostic decision.

The Trust uses a regionally agreed template diagnostic report which requires that this evidence is detailed.

3. Trust discusses the findings of this report with the relevant multi-disciplinary assessment team involved in the child's initial ASD assessment on 16 March 2015

4. Trust shares the issues identified in this report with relevant staff within the Autism Service for learning, service improvement and to prevent future recurrence of the failings identified.

The ASD Coordinator/ Operational Manager of Autism Services met with the multi-disciplinary Autism assessment Team and discussed the findings of the Ombudsman's report.

The issues identified in the report were shared with the multi-disciplinary team for future learning, service improvement and to prevent future recurrence of the failings identified. It was further highlighted to the multi-disciplinary team that if an ADOS scored zero currently, the team would consider all the other information that is available.

Background/ Issues of Complaint

Recommendations/Learning

The Ombudsman investigation did not establish any failures in the care and treatment received by the child following the ASD diagnosis and considered the post diagnostic care and treatment was reasonable and in line with relevant guidelines.

Case closed and final NIPSO report received 21/01/21

The Autism Service is currently carrying out the recommendations during children's assessments with the use of DSM 5.

Background/ Issues of Complaint

Recommendations/Learning

The complainant submitted a complaint to the Ombudsman directly in relation to the care and treatment during a hospital admission on 16 April to 20 April 2018.

The complainant stated she “found it unsatisfactory” that following her request for her mother’s Shortec prescription to be withdrawn it was not ceased.

The patient had sensitivity to this medication. The complainant was concerned that the Trust’s subsequent administration of Shortec caused the patient to fall when mobilising from the ward to the toilet.

In addition the complainant said that following the patients fall she did not receive appropriate and timely care.

The Ombudsman investigation concluded and found failures in the failure to appropriately complete the patients falls risk assessment on admission; to adhere to its own falls policy by undertaking a new falls risk assessment when the patients condition changed on 18 April 2018 and to provide appropriate supervision. There were failures in the keeping appropriate records in relation to patient medication.

The Chief Executive of the Southern Trust, provided the complainant with a written apology in accordance with NIPSO ‘Guidance on issuing an apology’ for the injustice caused as a result of maladministration/failures identified within one month of the date of the final report.

The Trust to provide evidence of the monthly audits of falls risks assessments undertaken

To share the findings for learning

Discussions with the Nursing Staff and HCAs of this incident

Training to be delivered to the relevant nursing staff on the Trusts Falls Policy to prevent recurrence.

Nursing records to be maintained in line with the standards required by the NMC code
The findings of the complaint fed back to the relevant Nurses and SHO in a supportive and constructive way e.g. a record of meeting or feedback in one to one sessions

All actions were carried out in accordance with the 6 month deadline in line with Ombudsman recommendations

Compliments and Suggestions

The Trust is keen to learn from positive experiences for our patients, service users and their families and what aspect made it a positive experience for them.

Receiving compliments helps us identify areas of good practice.

This enables organisational listening through aggregating individual compliments so that positive service user experience can facilitate organisational learning.

It is also encouraging for our staff to receive recognition for the vital work that they undertake.

So thank you for taking the time to tell us about your experience

Since November 2018 we have been using a new system for recording the compliments we receive to enable us to learn from compliments in the same way as we do from complaints.

From April 2020 to March 2021 we received 2,587 compliments using our new system of recording.

The table below shows this number by subject. We received an additional 593 compliments through Care Opinion. In total we had 3,180 compliments in the 2020/2021 year.

Subject of Compliment	Card	Email	Feed-back Form	Letter	Social Media*	Phone call**	Total
Quality of Treatment and Care	793	117	68	33	12	12	1035
Staff Attitude and Behaviour	558	115	70	25	14	10	792
Information and Communication	284	45	55	12	3	5	404
Environment	254	23	44	5	3	3	332
Other	11	9	1	3	0	0	24
Total Compliments	1900	309	238	78	32	30	2587

WE JUST WANT TO SAY... **THANK YOU!**

“ Although ED was extremely busy it did not reflect in the professional and caring attitude of the Receptionist, the triage nurse or the HCN ladies who looked after me. Both the Doctors were also fantastic in their professionalism and treatment. They made me feel at ease and gave me total confidence in the care they were providing.

I was also admitted to AMU and the medical and nursing team without a doubt were exceptional. They were helpful and caring.

Every member of the team I have interaction with from the domestics, nursing, HCA and medical teams were amazing.

”

Quality of Treatment and Care
A&E and AMU CAH

“ I would like to take this time to thank the LAC Service for giving me advice on what could be done in helping me to get the resources for my three children during lockdown.

”

Quality of
Treatment and
Care
Looked After
Children's
Services

WE JUST WANT TO SAY... **THANK YOU!**

Staff Attitude /
Behaviour
Psychiatric
Inpatient
Services

“ Staff are all brilliant at their jobs.
They are all down to earth, easy to
talk to and I get on well with them all.
I am glad I am on this ward as the
staff are great. ”

“ During very challenging times I
would like to pass on my sincerest
thanks to the Doctors who cared for
me. They were compassionate and
caring and they delivered excellent
care and service to me. What an
amazing facility we have on our
doorstep ”

Quality of Treatment and Care
Breast Clinic



Care Opinion is the new online patient feedback platform for health and social care services across Northern Ireland. It is safe and simple to use and leads to learning and change. Care Opinion allows Service User to leave anonymous feedback in a number of ways:

Online with text -
www.careopinion.org.uk

Online with Images -
www.careopinion.org.uk

Free post leaflet – write or draw

Freephone: 0800 122 3135

Of the 709 stories shared by Service Users via Care Opinion, the Southern Health and Social Care Trust have 14 changes planned with a numbers of changes having already taken place in the following areas;

- **Virtual Visiting Service**
- **South Tyrone Hospital**
- **Enhanced Care**
- **COVID vaccination programme**
- **Craigavon Area Hospital**

PCE Newsletters

PCE Activity continues to be actively promoted throughout the Trust through:

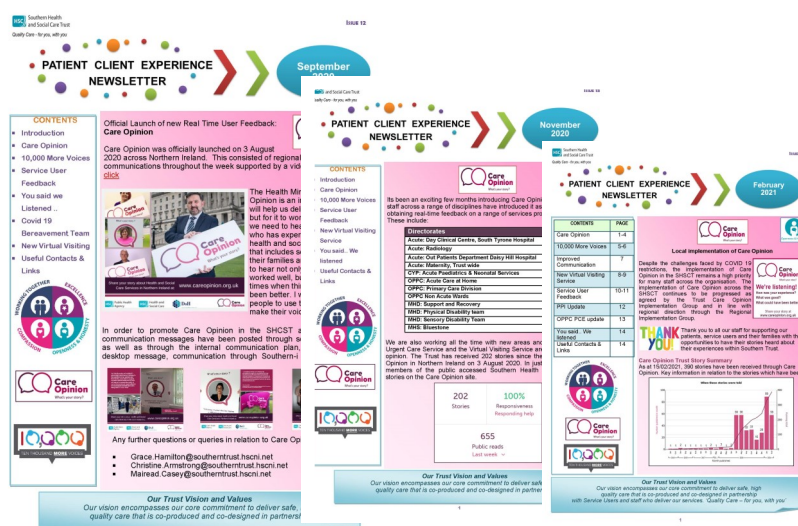
Umatter

SHSCT Connect App

SHSCT Facebook, Twitter, all Trust digital screens, engagement with staff etc.

Production of a quarterly Patient Client Experience Newsletter for staff to update staff on current 10,000 More Voices projects and outcomes to date.

Three newsletters were produced 2020 to 2021 (Sept 2020, Nov 2020 and Feb 2021).



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Working together



Excellence



Openness & Honesty



Compassion