

## WESTERN HEALTH & SOCIAL CARE TRUST COMPLIMENTS AND COMPLAINTS ANNUAL REPORT 2021/2022

### 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 2021 to 31 March 2022.

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 2021/2022 year:

- Processed 524 Formal Complaints
- Resolved 91% (477) of the Formal complaints received;
- Acknowledged 98% (513) of the Formal Complaints Received within 2 working days;
- Received 2,512 compliments
- Developed more meaningful reports in relation to theming, trends and links to SAIs/incidents to senior management groups to include the Rapid Review Group and Chief Executive Assurance Meetings.
- Reviewed and amended the complaints response assurance model which resulted in a 31% reduction in re-opened complaints for the same time period the previous year.
- Completed a complaints Pilot within the AMHLD Directorate for planned roll out in 2022/23

## Complaints:

There has been a 26% increase in the number of complaints received during the 2021/22 year in comparison to the 2020/2021 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 4,842km<sup>2</sup> 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

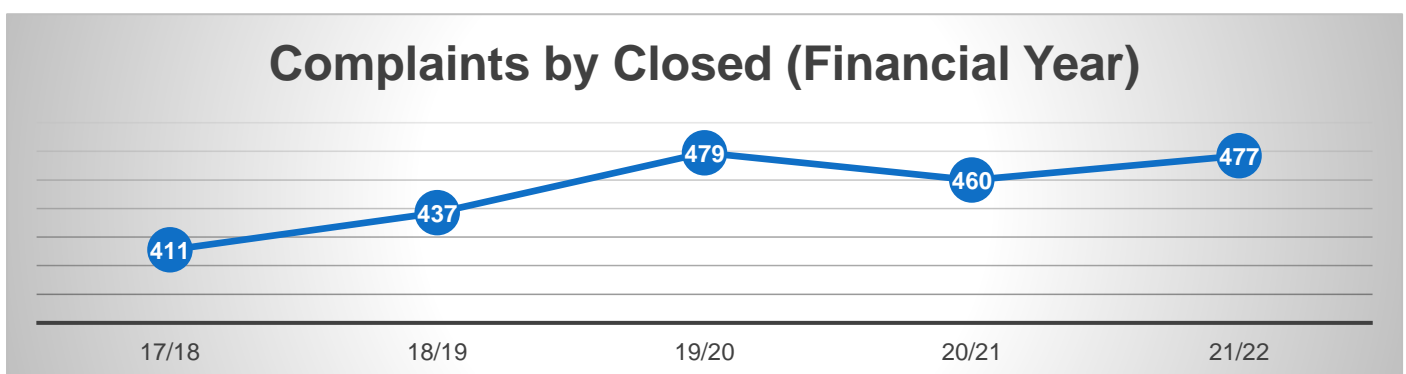
## Complaints this year:

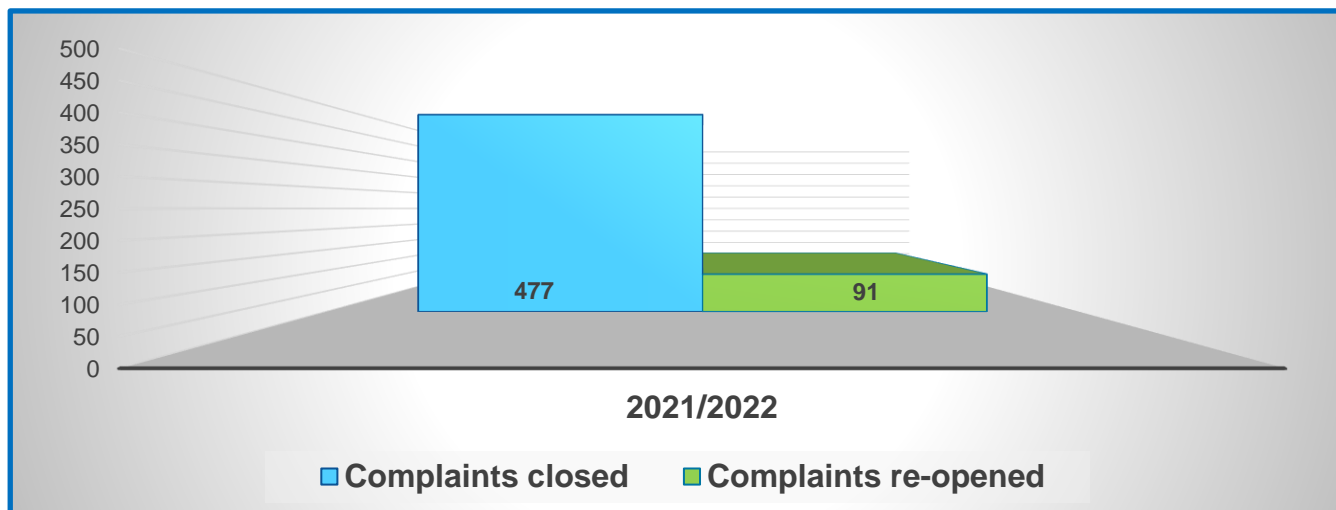
During the 2021/22 year a total of 524 Formal Complaints were received by the Trust. This compares with 415 complaints during the previous financial year.

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, encouraging staff to resolve complaints at a local level.

## Complaints resolved during 2021/2022:

During the 2021/2022 year, out of the 524 Formal Complaints received, a total of 477 (91%) were resolved. If the complainant was dissatisfied with the Trust’s response a complaint can be re-opened. The following graph provides a breakdown by financial year of complaints closed.





Of the 477 Closed Complaints, there was 91 re-opened (19%).

Reasons for complaints being re-opened:

Reason	No of complaints and Percentage
Disagreed with content of response/unsatisfied with response	32% (29 complaints)
Complainant wished to avail of a meeting with staff as offered in complaint response	21% (19 complaints)
Complaint response triggered additional questions	22% (20 complaints)
Complainant felt the complaint response did not answer all of their questions/queries	25% (23 complaints)

**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 2021/22

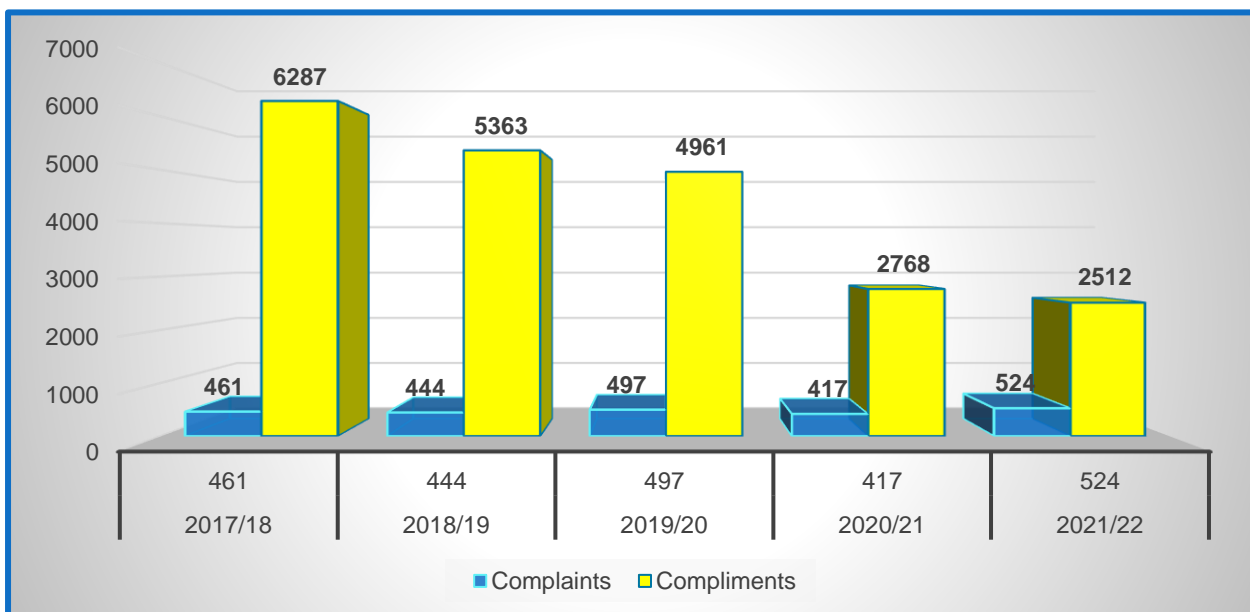
120 Informal complaints were recorded on the Trust Datix system, however it is appreciated that this may not be a true reflection of the above. Of these 120, 100 (83%) were resolved successfully.

**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 2021/22 the Trust received 2512 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.

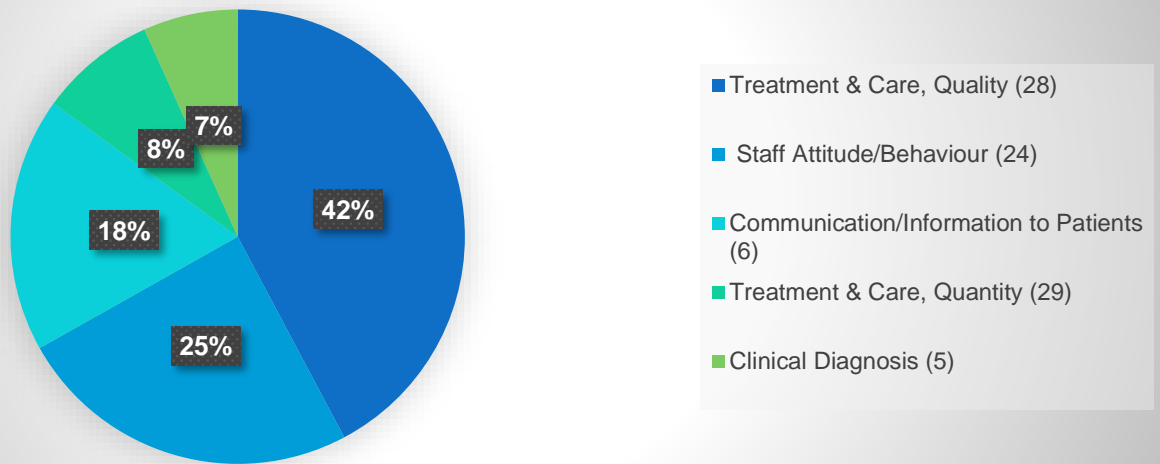
The Complaints team and the Care Opinion team met monthly to share compliment and complaint themes with a view to collating all patient and service user experiences, with a view to disseminating this learning to enhance our services.



**Complaints by Subject – Top 5**

The top five categories of complaints received during 2021/22 are set out below.

## Complaints by Subject (Primary) - Top ( 5 )



### What people complained about:

The table below shows all the complaints by subject for the past year (2021/22). The figures provide a breakdown of issues complained about, as a complaint can raise more than one issue. \*For 2021/22, 524 complaints were received which raised 525 Subjects.

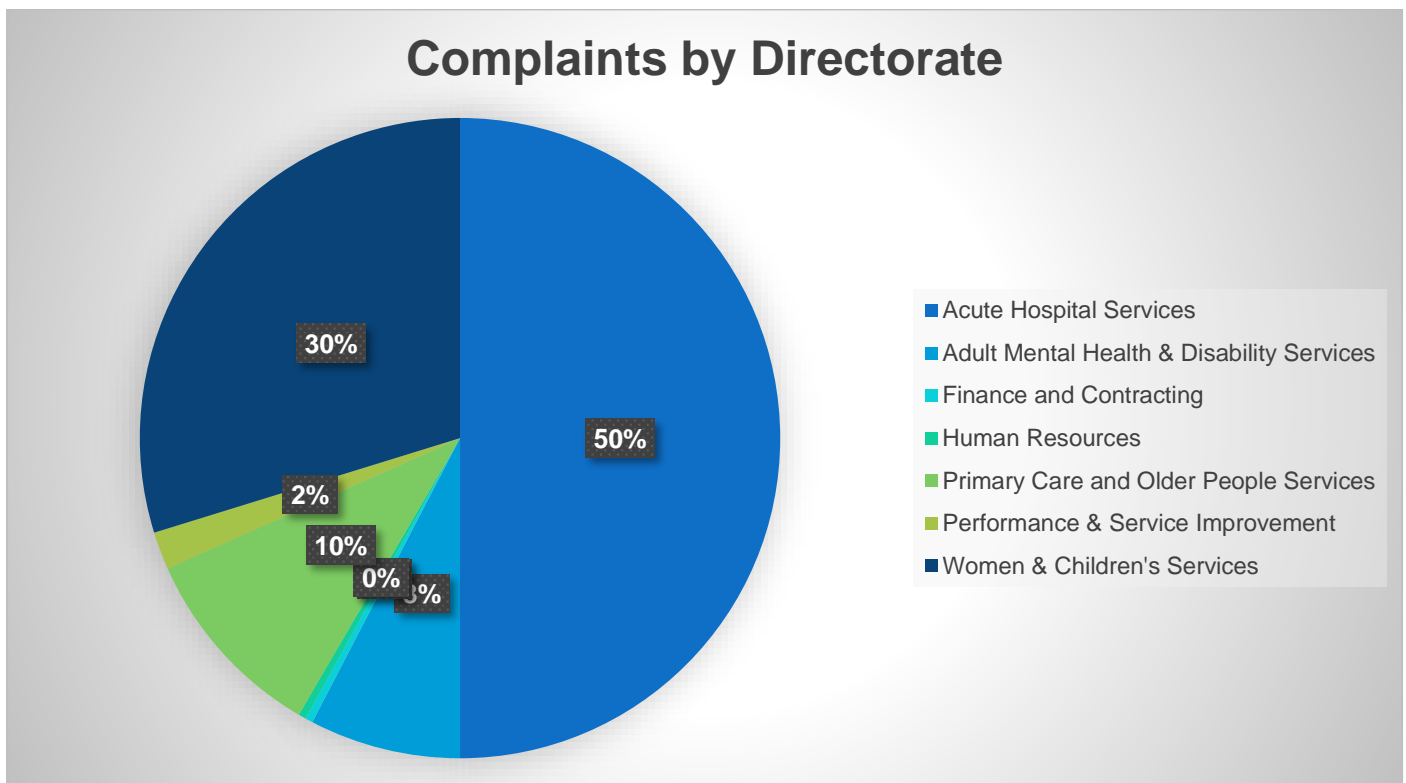
#### Complaints by Subject (Primary)

Admission into Hospital, Delay/Cancellation (Inpatients) (2)	16
Appointments, Delay/Cancellation (Outpatient) (4)	19
Clinical Diagnosis (5)	26
Communication/Information to Patients (6)	70
Confidentiality (8)	5
Consent to Treatment (9)	1
Delayed Admission from Accident & Emergency (12)	4
Discharge/Transfer Arrangements (13)	5
Environmental (14)	10
Infection Control (16)	2
Other (35)	19
Other Contracted Services (11)	2
Patients' Privacy/Dignity (18)	3
Policy/Commercial Decisions (21)	6
Professional Assessment of Need (22)	6
Patient's Property/Expenses/Finance (19)	6
Treatment & Care, Quality (28)	163
Treatment & Care, Quantity (29)	32
Records/Records Keeping (23)	6
Staff Attitude/Behaviour (24)	95

Patient's Status/Discrimination (20)	5
Theatre/Operation Procedure, Delay/Cancellation (25)	9
Waiting Times, Accident & Emergency (32)	6
Waiting Times, Outpatient Departments (33)	9
<b>Totals:</b>	<b>525</b>

**Complaints received by Directorate:**

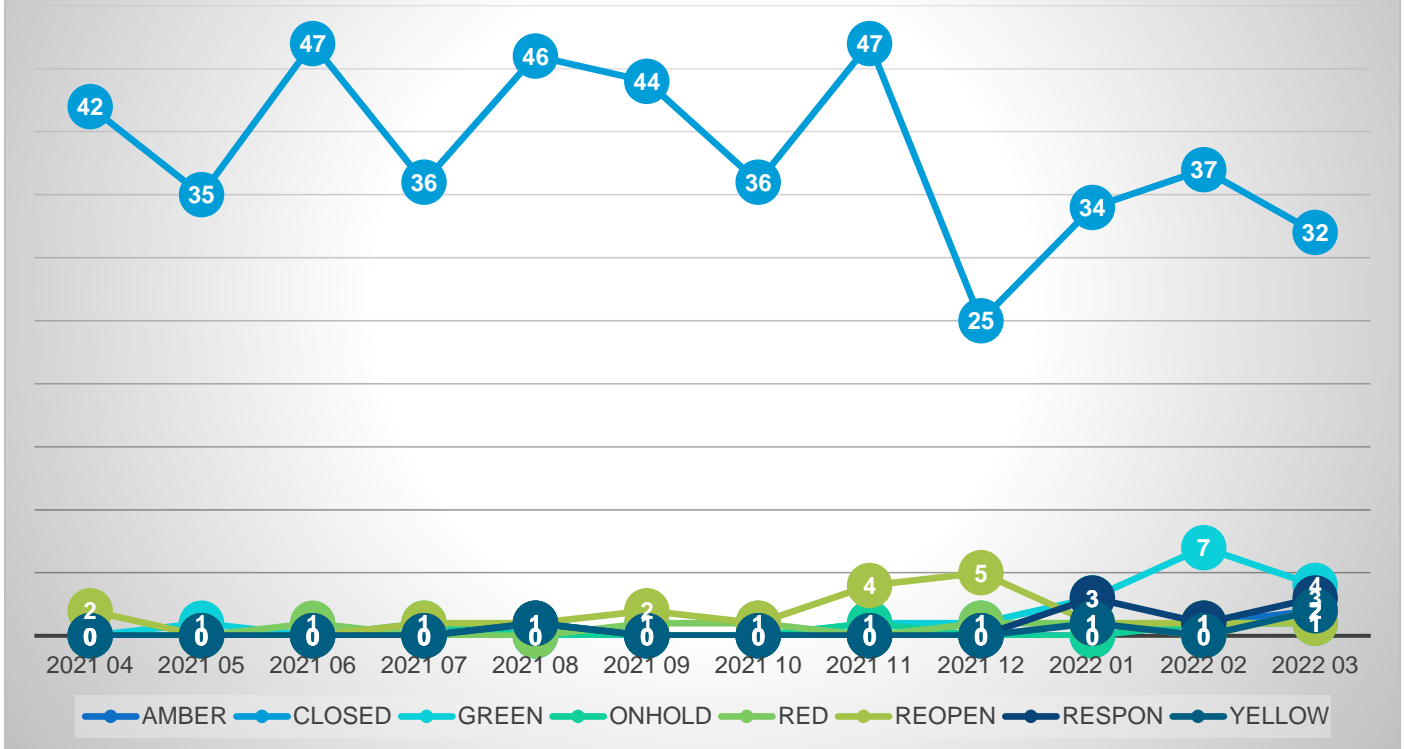
This graph shows the breakdown of formal complaints received by Directorate for the 2021/22 year:



**Response times to complaints:**

Over the year 98% of complaints were acknowledged within the target of 2 working days and 44% of complaints were responded to within the target of 20 working days.

## Complaints by First received and Response Time (Month and Year)



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 time and resources required for thorough investigation and development of responses at service level. The exceptional challenges encountered due to the ongoing COVID 19 Pandemic also impacted on response times to complaints.

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 19% 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 2021/22 there were 24 requests for information from the NIPSO Office. 8 cases were closed and not upheld, 16 are on-going.

### **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 2021/22 there were six complaints received which resulted in a serious adverse incident (SAI). Upon analysis 50% (3) of these complaints already had an incident recorded, which was under investigation when the complaint was submitted to the Trust. 50% (3) of these complaints triggered an investigation.

50% (3) of these cases have been completed and closed with an actual plan currently on-going.

50% (3) 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.

## You said, we did

**Complainant said:** Before complainant's scheduled appointment, she received a phone call from the Macmillan Cancer Support Benefits Team. On the call, the Macmillan representative wanted to discuss the range of services Macmillan can provide patients following a cancer diagnosis. This call obviously came as a huge shock to the patient as up until this point, she had not been given a cancer diagnosis by her Consultant. Ultimately being told you have cancer from a non-medical practitioner via a telephone call makes it even worse. She hopes that no other patient has to experience this.

**We did:** The Breast Care Nursing Team identified key learning from this patient's experience, and, in doing so agreed and documented the process for timely referral to services including the Macmillan Cancer Support Benefits Team. All of which must take place after the patient has attended their appointment and received their results.

**Complainant said:** Complainant has raised concerns regarding lack of support provided to her and her husband for her son's mental health challenges. They have described difficulties they experienced when seeking support from the Mental Health Crisis Team which resulted in an incident whereby the PSNI had to be called to parent's house as son became violent.

**We did:** Staff have taken on board comments and will learn from this, to engage closer with families on the discharge planning process. Staff recognised the need to engage fully with families around clinical decisions that impact, not only on the patient within the ward, but the entire family. It has highlighted to staff the importance of providing a carer's assessment to all family members who provide a significant level of care to their loved ones.

**Complainant said:** Complainant raising concerns about the treatment and care her son received when he was born. Child had a large burn on his lower abdomen however they have no information as to how this occurred.

**We did:** Investigation of the complaint concluded that there was no record of what was used to clean the abdomen but that it is recommended to use a 2% chlorhexidine solution which is washed off with sterile water. As learning from this complaint, nursing staff will ensure another sticker is added to the patient's notes to indicate that the Aseptic non touch technique was used when a catheter is inserted.

## 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) Was the care and treatment provided to the patient during an admission to Altnagelvin Hospital in 2018 appropriate and reasonable and in accordance with good medical practice?

The following recommendations were highlighted as part of their investigation:

- Carry out a random sampling audit of patients' records in the ward to ensure that clinical records contain relevant information in accordance with GMC Guidance;
- Raises awareness of the recognition and management of Sepsis among Junior Doctors joining on placements in accordance with NICE NG51 Guidance; and
- Arrange for a copy of the report to be shared and discussed with the doctors involved in the patient's care. They should be reminded that concerns in relation to Sepsis management are escalated without delay to senior clinical staff for appropriate action.

## 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
- Promote timely recording of compliments on the Trust's online system using a range of communication methods to encourage staff to record all of the written positive feedback they receive.

- 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 newly formed 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.)

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