

# Complaints / Compliments

## Annual Report

### 2019-20



# COMPLAINTS /COMPLIMENTS ANNUAL REPORT 2019-20

WORKING TOGETHER

EXCELLENCE

OPENNESS & HONESTY

COMPASSION

## Introduction

This report gives an overview of complaints and other feedback received from patients, their carers and family members by Belfast Health and Social Care Trust from 1st April 2019 to 31st March 2020.

The Belfast Trust is one of the largest integrated health and social care Trusts in the United Kingdom.

We deliver treatment and care to approximately 358,000 citizens in Belfast and provide the majority of regional specialist services to all of Northern Ireland.

We have an annual budget of £1.6bn and a workforce of approximately 21,500 staff (full time & part time). Belfast Trust also comprises the major teaching and training hospitals in Northern Ireland.

Our vision is to become one of the safest, most effective and compassionate health and social care organisations in the United Kingdom.

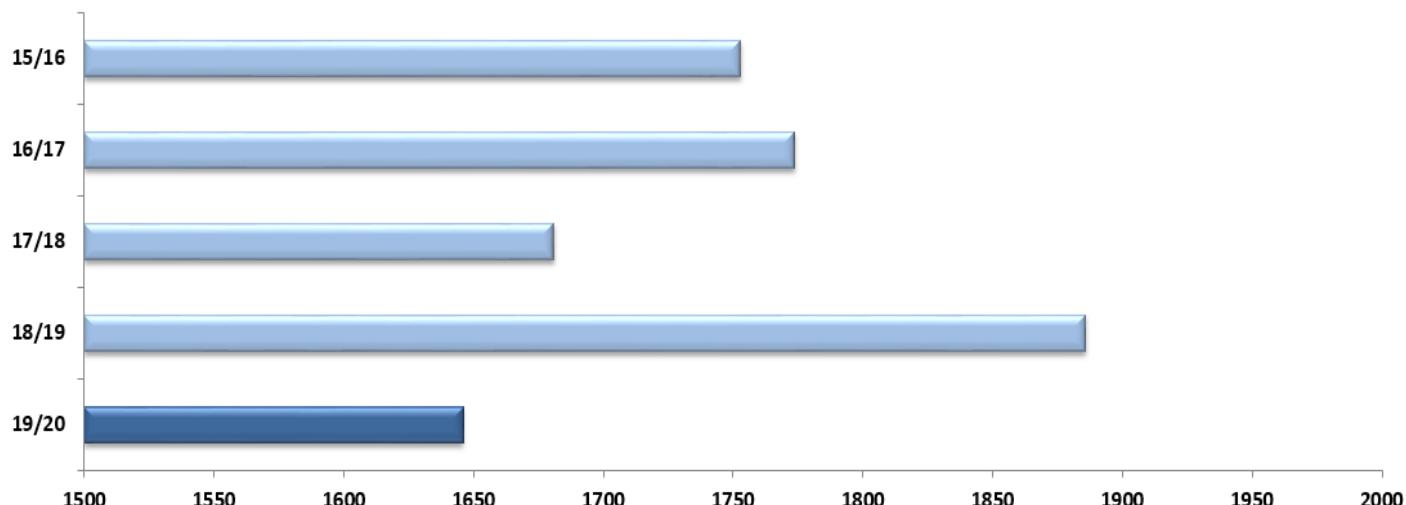
**The Trust received a total of 1,646 formal complaints during the past year, and 7,012 formally reported compliments about our services.**

Although most patients have positive experiences of our services there may be times when treatment or care do not meet expectations especially when something has gone wrong or fallen below standard.

We are focused on making sure that lessons from complaints are taken on board and followed up appropriately, sharing these lessons across other Service Areas and Health and Social Care Trusts where the learning can be applied in settings beyond the original ward / department.

By listening to people about their experience of healthcare, the Trust can identify new ways to improve the quality and safety of services and prevent similar problems happening in the future.

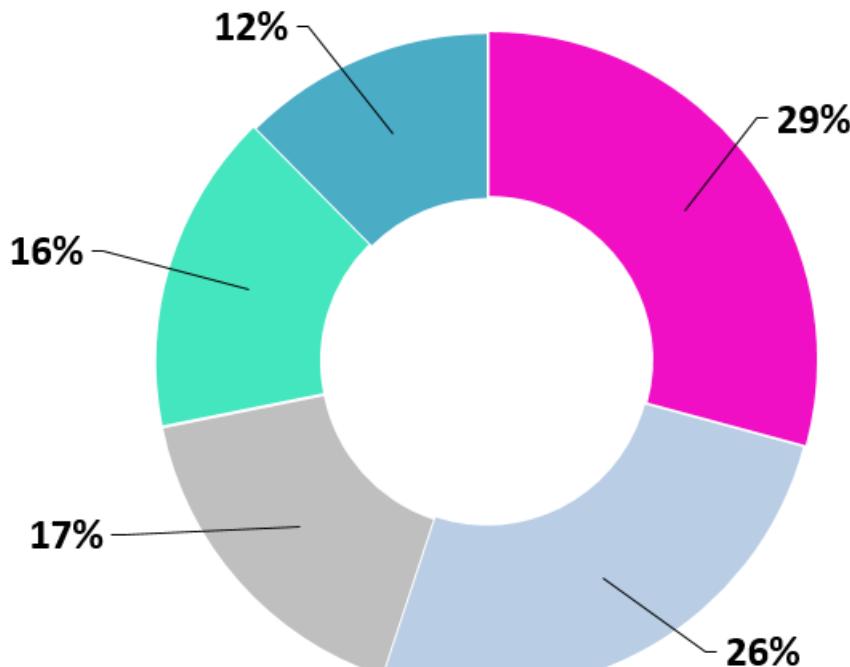
## Formal Complaints received during the past 5 years\*



\* See further details on Page 6

## What you said

The most frequent reasons for complaints about our services during 2019-20 are shown below:



■ Quality of Treatment and Care

■ Communication/ Information

■ Staff Attitude/ Behaviour

■ Waiting List, Delay/ Cancellation  
Outpatient Appointments

■ Waiting List, Delay/ Cancellation Planned  
Admission to Hospital

All complaints received by the Trust are assessed against the Trust's risk evaluation matrix and are **graded** as either Low, Medium, High or Extreme risk by the Complaints Team in conjunction with the relevant Service Area(s).

This grading determines the most appropriate action to be taken in response to the complaint, including the type of investigation to be undertaken, and notification of the issues identified to senior staff.

The chart opposite shows an overview of the complaints received during 2019-20 by their grade.

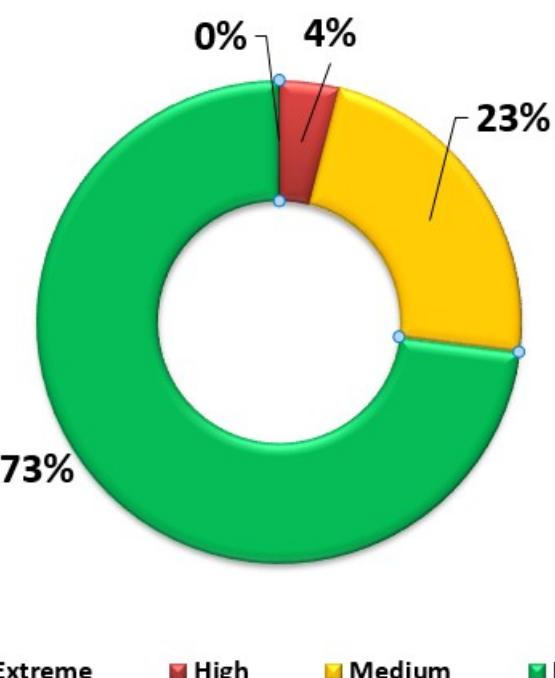
## How we listen

**IF YOU HAVE A COMPLAINT ABOUT OUR SERVICES, WE WANT TO HEAR FROM YOU!**

Anyone who uses any of our services can complain. You can also complain on someone else's behalf (you will generally need their written consent to do so).

Your complaint will be investigated thoroughly and confidentially. We aim to respond to your complaint in full within 20 working days, to address your concerns and let you know of any actions taken as a result.

Some complaints may however take longer to resolve than others. We will contact you to explain if this is the case with your complaint, and we will continue to keep in touch with you while we work to provide you with a response.



# How we improve

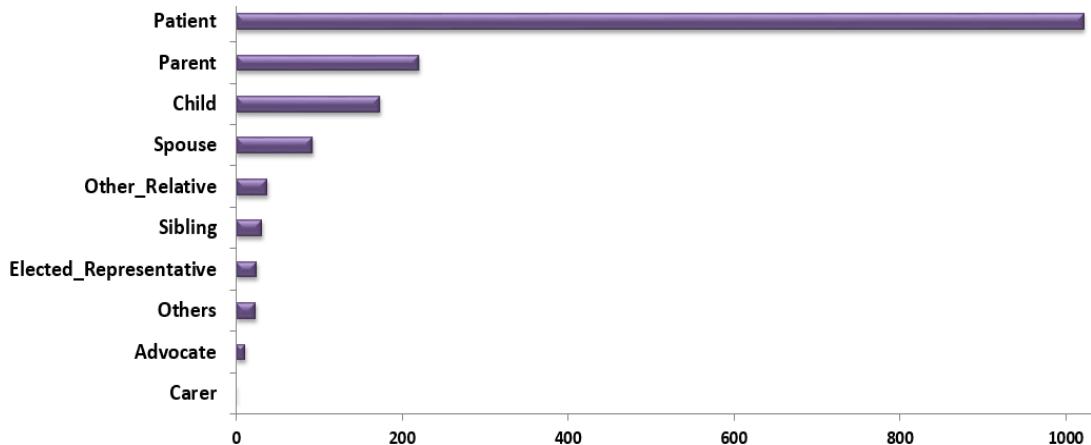
We use a number of different approaches within the Trust to gain information and identify areas for improvement in relation to how we deal with complaints. During 2019-20 these included:

- Amending the Trust Complaints Policy to enhance **Professional Assurance** processes used across the Trust to identify and respond to potential concerns identified in complaints relating to staff who provide treatment and care to patients / service users.
- Continuing to monitor **Key Performance Indicators** in order to track significant aspects of complaints management. These include time taken to provide responses; complaint subjects; and numbers of complaints resolved by staff within their wards / departments (ie rather than requiring patients to use the formal complaints procedure to address concerns). Data is produced regularly to inform progress in these areas,
- Our **Service User Experience Feedback Group** (whose members include Non-Executive Directors, Medical Director, Service Directors and Co-Directors along with representatives from Patient Client Council, Personal and Public Involvement, and Nursing and User Experience teams) continued to meet throughout the year to review and monitor complaints / other forms of Service User Feedback and to identify shared learning for the Trust and beyond.
- **Shared Learning templates** continued to be produced regularly by Trust Service Areas. These describe anonymised patient experiences that have highlighted ways in which our delivery of treatment and care can be improved. These templates are shared widely both within the Trust and to other HSC organisations to help avoid similar problems being encountered by other service users.
- Internal **Performance Reports** were provided to our Trust Board 4 times during the year. These reports included details of reasons for complaints; distribution of complaints across Service Areas and clinical specialties; and statistics about the timeframes within which our responses are provided.

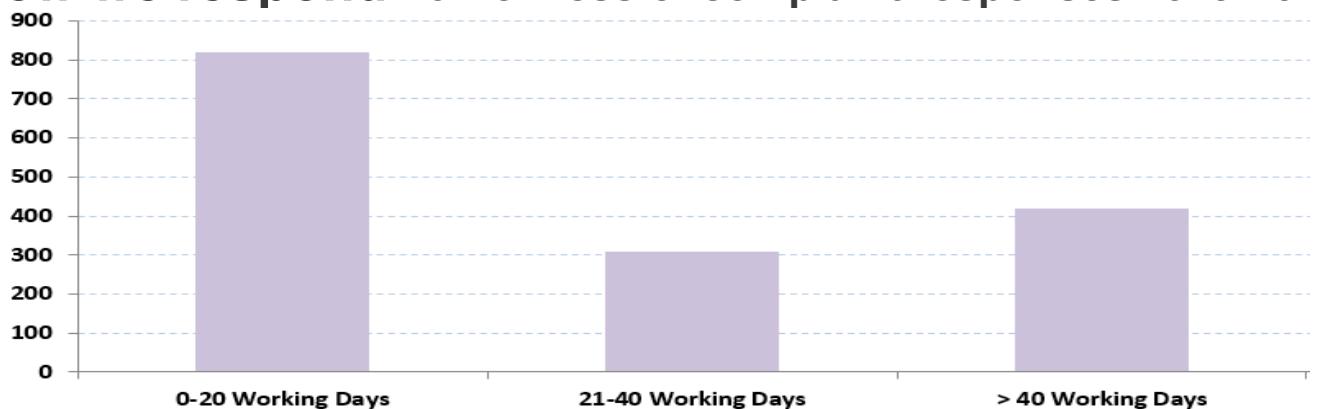
## Who Complains?

In 2019-20, 62% of complaints were made by the person directly affected.

The chart opposite shows who raised complaints on behalf of others during this time.



## How we respond - timeliness of complaint responses 2019-20\*

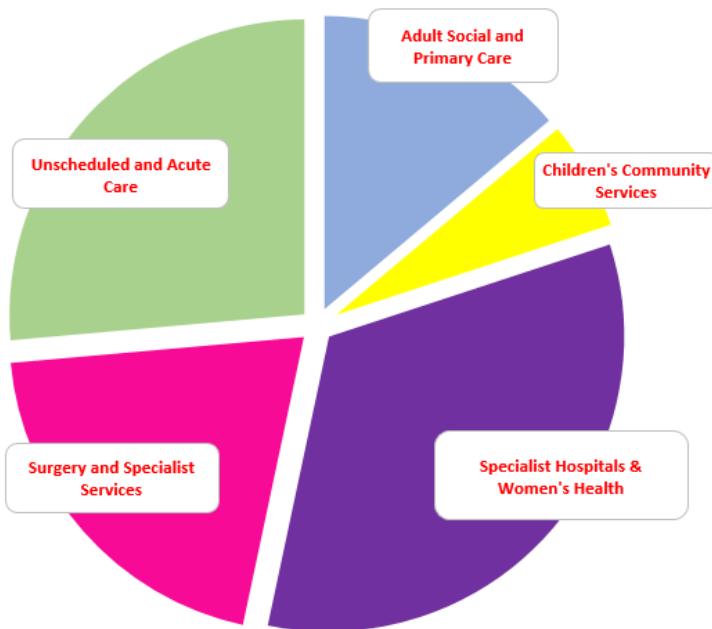


\*Although we aim to respond to complaints within 20 working days, complex complaints (particularly those that involve a range of services / departments / organisations, or where independent expert opinions are sought) can require additional time to investigate. While we continue to seek improvement in the timeliness of our replies, we feel that this must not be at the cost of providing a **quality response to complainants**.

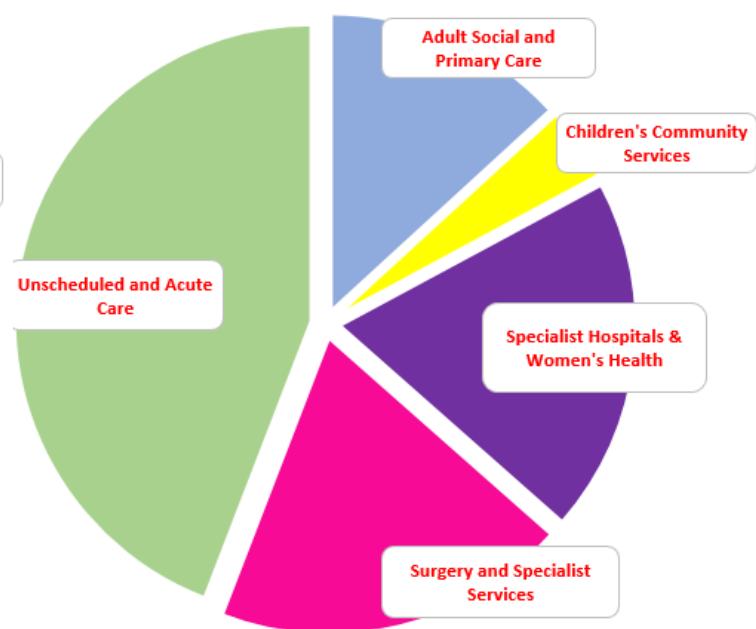
# What you said

The services provided by Belfast Health and Social Care Trust are organised into Directorates. Each year complaints and compliments are received about the clinical specialties and departments within these groupings, and the charts below show a comparative overview of these complaints grouped by Clinical Directorate during 2019-20.

Clinical Directorate Complaints 2019-20



Clinical Directorate Compliments 2019-20

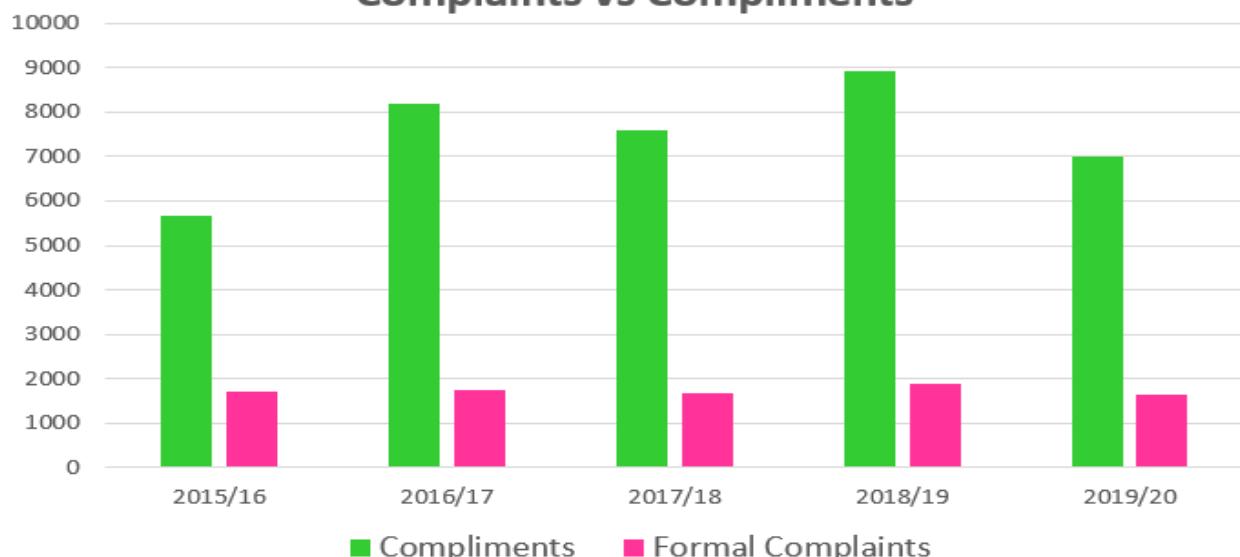


## Compliments

Throughout the year the Trust continued to receive compliments about many aspects of our services.

A total of **7,012** compliments were formally recorded during 2019-20 and the table below shows the numbers of both complaints and compliments received over the past 5 years.

**Complaints vs Compliments**



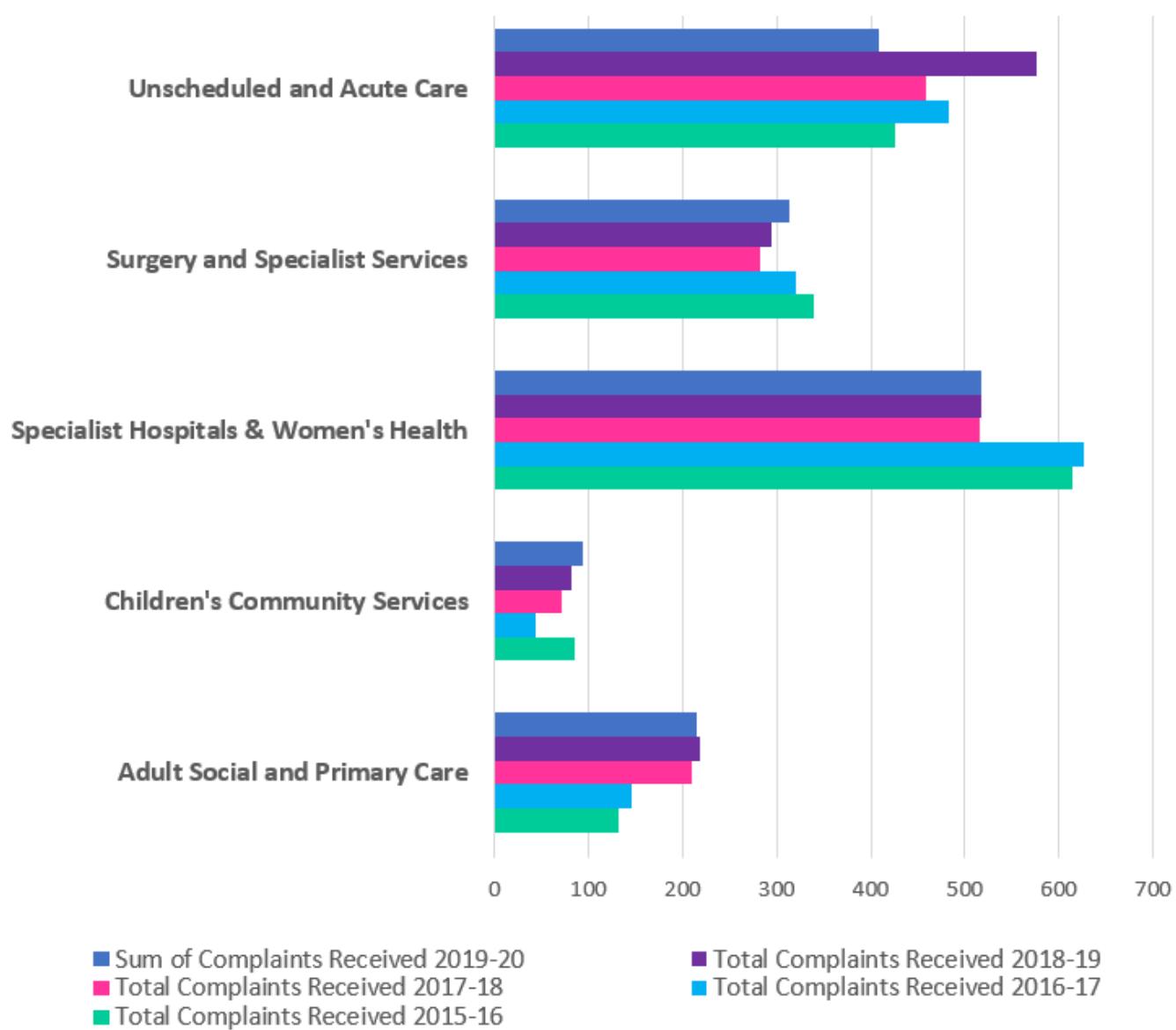
Compliments are always appreciated as they provide our patients and clients with an opportunity to share their positive experiences with our staff members, and allow the Trust to learn from areas of good practice and share what is working well in one area across others.

As such we encourage service users to tell us when they have been happy with their experiences. Compliments can be shared with us by phone, face-to-face with staff, in writing, or by email via a dedicated mail box:

[compliments@belfasttrust.hscni.net](mailto:compliments@belfasttrust.hscni.net)

# Complaints

The numbers of complaints received by each area are typically proportionate to their activity levels and to the nature and complexity of the services provided, with larger clinical Directorates receiving greater numbers of complaints. The distribution of [complaints across](#) the clinical [Directorates](#) over the past 5 years is shown below



## Complaints during COVID-19

The final weeks of the 2019-20 year saw Trust services starting to be significantly impacted by coronavirus and the associated measures implemented to protect our patients, staff and the wider public.

We greatly appreciated the patience and support of both existing and new complainants as we all worked to deal with unprecedented changes at this time. Service Area staff faced extraordinary challenges in seeking to re-organise and re-design the delivery of care in order to ensure capacity for patients with COVID-19, as well as those requiring urgent care for other conditions. Within the central complaints team itself, a number of staff were redeployed to support the provision of support and advice for those bereaved during coronavirus.

Clearly these factors impacted on our capacity as an organisation to be able to respond to complaint issues in as timely a manner as we would otherwise have wished, however processes were put in place to monitor and escalate complaints raising high risk issues, as well as those for which responses were outstanding for long periods of time, so that work could continue in these areas as a priority, in addition to the ongoing efforts to progress our other complaints.

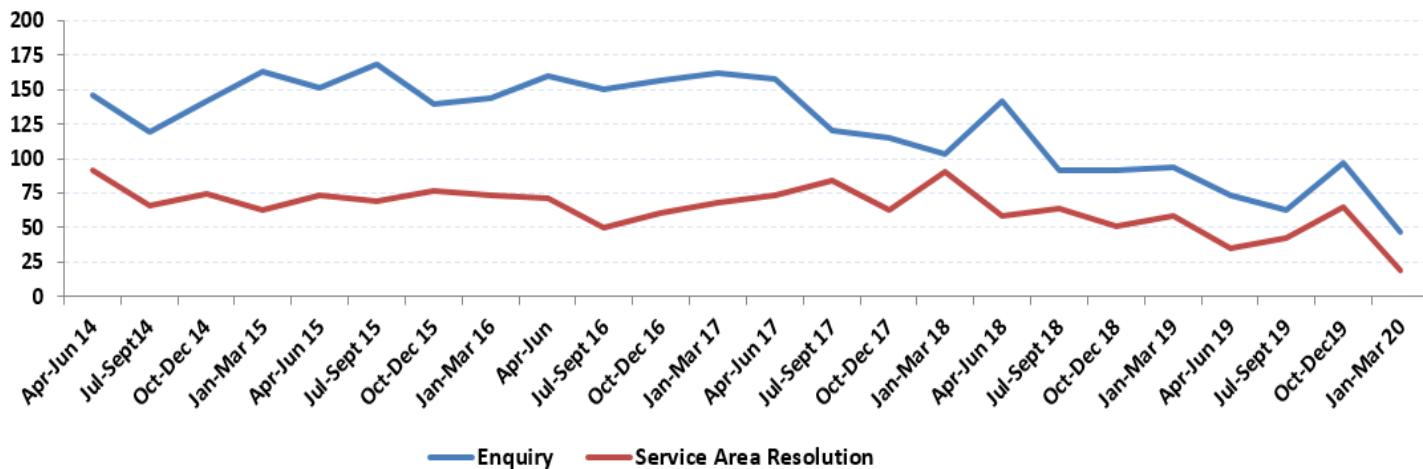
The Trust also established a Governance Triage Panel to assess any high risk complaints that may have been proposed for suspension (due to the effect of COVID-19 on the capacity of Service Areas to investigate) and determine whether this was appropriate, or whether urgent investigation was required. Due to the commitment and effort of staff however, the investigation of all high risk complaints continued for all cases despite the COVID-19 impact.

# General Enquiries & Frontline Resolutions

“General Enquiries” received by the Complaints Team are not subject to the HSC Formal Complaint Procedure, and can generally be resolved relatively quickly. Examples include: enquiries about position on the waiting list, clients unable to contact specific wards/departments, or clients who request that their concerns are not raised as a formal complaint.

The Trust also continues to promote the resolving and recording of complaints and concerns at service level e.g. in wards and departments. These cases are also monitored by the Complaints Team under a heading of “Service Area” or “Frontline” Resolution”.

The chart below shows the number of enquiries and service area resolutions recorded from 2014-2020:



Complaints Awareness Training is made available to all staff to encourage and facilitate the resolution of patients’ concerns at this frontline level. However all service users may subsequently request that their concerns are further investigated formally by the Trust under the Health and Social Care Complaints Procedure.

## Ombudsman Cases

If patients are not fully satisfied with the outcome from the Trust’s complaints processes they can choose to subsequently raise their concerns with the Northern Ireland Public Services Ombudsman.



The Ombudsman’s office assesses each complaint and decides whether the issues raised warrant further investigation.

Ombudsman reports received during 2019-20 saw a total of 9 complaints relating to the Trust upheld (these included cases where the Ombudsman investigations had commenced in previous years).

The Trust produces action plans to ensure that all recommendations arising from Ombudsman reports are implemented. We also promote and review the sharing of learning from Ombudsman recommendations, in this way we make certain that any service improvements are put in place not only in the area where the complaint originally arose, but also in other areas where there is potential for similar issues to arise.

# How we Listen and Learn

Trust staff continue to work hard to ensure that concerns or criticisms raised by patients or their loved ones are dealt with in an effective way. In particular we continue to try to make the process of raising a complaint **easy** for complainants; and to ensure that investigations into patients' issues are **fair, thorough** and completed in a **timely** manner. We also strive to ensure that appropriate **actions** are taken in response to complaint investigation findings in a way that fully resolves the matter for the complainant, and identifies learning and potential improvements that can be shared across the Trust.

- Learning from the issues raised in complaints continues to be included in the Trust's wider "**Shared Learning**" system. This system makes sure that key improvements are identified (for example following complaints or incidents experienced in wards and departments) and that details are provided across the Trust and to other Northern Ireland healthcare organisations to avoid similar issues happening elsewhere.
- The Complaints Department supports our managers and staff working in wards and departments to help ensure that comprehensive and full responses are provided to all complaints in an appropriate and timely way.

In order to improve the timeliness of our response to complainants, we further enhanced our focus on long outstanding complaints during 2019-20, highlighting cases where investigations and responses had been ongoing for significant periods of time. We also encouraged and supported staff to resolve complaints at an early stage - increasing the numbers of complaints addressed informally within wards and departments, and also increasing the numbers of formal complaints addressed within 5 workings days.

- Although we have a focus on making sure our complaint replies are provided in as timely manner as possible, we feel that this must not be at the cost of the **quality of the responses**. As such, the Trust continued to review complaint response letters during 2019-20 to help ensure that all the issues or questions raised by complainants are responded to, and that the content and language used in the letters meets the standards our staff would hope for themselves in a response being received by their own loved ones. This included regular reviews of representative samples of complaint response letters by the Medical Director and Chief Executive to **Quality Assure** and inform improvements in our correspondence with complainants.
- The Trust also continues to use a range of **Key Performance Indicators (KPIs)** to monitor Service Area performance and to ensure specific focus on and review of important issues. These include not only the time taken to respond to complaints when raised, but also common issues of complaint (particularly communication and provision of information, and staff attitude and behavior). The indicators are discussed at regular Trustwide meetings attended by senior staff, and learning / areas of good practice are shared between Service Areas to inform improvement in other wards / departments.

**KPI 1: Increase the number of complaints resolved ≤ 5 working days**

**KPI 2: Increase the number of complaints resolved ≤ 20 working days**

**KPI 3: Reduce the number of complaints resolved > 40 working days**

**KPI 4: Reduce the number of complaints regarding staff attitude / behaviour**

**KPI 5: Reduce the number of complaints regarding communication / information**

**KPI 6: Increase the number of complaints resolved on the frontline**

**KPI 7: Reduce the number of complaints being re-opened / re-visited**

# Learning from Complaints

The Trust endeavours to ensure that where any patient had an experience within our care that did not meet the standards that we expect, this experience is reviewed and any learning is identified and used to inform changes in the way that we deliver our services. This learning is shared across Trust wards / departments where relevant to help avoid other patients experiencing similar issues in the future.

Some examples of how complaints have led to improvements within the Trust during 2017-18 include the following:

## **Complaint 1**

A patient was hospitalised following Polytrauma and discharged 22 days later. The patient and family subsequently complained about inadequate preparation for this discharge from hospital, and felt that a more comprehensive package should have been put in place.

The learning from this complaint was shared with the Multi Disciplinary Team.

Staff within Trauma & Orthopaedics were required to attend study sessions in relation to safe discharge planning and documentation.

A Quality Improvement Project, led by the Multi Disciplinary Team, was also initiated to promote safer discharge.

Patients within Trauma & Orthopaedics will now be given a discharge information package, with Multi Disciplinary Team input throughout their inpatient stay. This package will also identify services that have been contacted, following Multi Disciplinary Team assessment of the patient's needs. The package will stay at the patient's bedside and will enhance communication with the family.

## **Complaint 2**

A patient complained that her privacy and dignity were not maintained while attending for a diagnostic test.

During the CT scan, an initial planning scan was done to assess which level to start and stop the scan. At this initial stage it was apparent that artefact from clothing (eg zips, buttons, belt, buckle, heavy materials etc) was present on the scan. It was essential that this was removed from the area to be scanned, in order to achieve the best quality images. Unfortunately, as the scan had already commenced it was vital that the patient remained in the same position. Otherwise a repeat scan would be required which would have resulted in an additional unnecessary radiation dose.

As a result, a new information poster (see overleaf) was designed for patients advising them on what to wear for an imaging scan and patients are now issued with double gowns.

This poster is now displayed in all Imaging Departments across the Trust.

This complaint has been a source of learning for the team in the Mater Imaging Department as well as the wider Imaging team. The key points of this complaint have been shared with all Imaging staff in our fortnightly newsletter as well as the learning from it.

# A MESSAGE FROM OUR X-RAY TEAM

We sometimes request that patients wear a gown to reduce the appearance of artefacts, such as zips or buttons which can make x-rays difficult to interpret. In some areas we do not have the facility to get patients changed into gowns e.g. fracture clinic/x-ray department. It may prove useful and potentially reduce your waiting time or if you do not want to wear one of our gowns, to please wear the following clothing when coming to your x-ray.

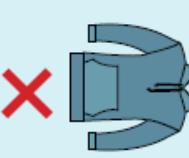
## X-Ray of the pelvis, hip or femur

Please try to avoid jeans or trousers with metal zips, buttons, belts or buckles across the pelvis area. Jogging bottoms and leggings should be fine.



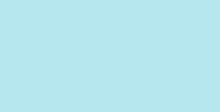
## X-Ray of the shoulder / humerus / chest

Please wear tops without buttons, sequins/beads or zips. T-shirts should be fine. If possible, please do not wear a bra with metal fastenings, sports bras are ideal.



## X-ray of the knee / lower leg

Please wear shorts or trousers that roll up comfortably above your knee. Skirts and leggings should also be fine.



Please remove jewellery that may interfere with the examination. For example, rings for hand x-rays and necklaces for shoulder x-rays.



Thank you for your cooperation.

# Learning from Complaints

Information poster developed as a result of learning from complaint described on previous page:

## What we will be doing in 2020/21

We want to be sure that complaints we receive continue to be appropriately investigated; responded to in reasonable timeframes and in a manner that reflects the key Trust values; and to make certain that learning from complaints is used to inform potential improvements for the future to help make our services the safest, most effective and compassionate they can be.

Key pieces of work will be taken forward during 2020/21 to achieve these aims:

- ⇒ Ensuring Trustwide implementation of enhanced professional assurance processes, and reviewing these processes during the year to ensure their effectiveness. This includes developing and implement a robust system for escalation of concerns in relation to Professional Staff across all staff groups within Service Areas.
- ⇒ Establishing an audit mechanism for review of Complaints Handling processes in the central complaints team in order to improve complaints management processes
- ⇒ Fully implementing a feedback process to allow complainants to tell us about their experience of complaining, and using this feedback to identify actions that will improve our ways of working.
- ⇒ 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.
- ⇒ Continuing to provide training to support improvements in how we respond to complaints.

⇒ 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).

We will also continue to promote collaborative working on a number of levels to progress these areas:

- ⇒ between Directorates & the central Complaints Team, including improvements in the data and information provided by the Complaints Team to staff.
- ⇒ between the Trust and external bodies (e.g. Northern Ireland Public Services Ombudsman, Patient Client Council, Department of Health).
- ⇒ Between the Trust's complaints central complaints department and those in other NHS Trusts

We will also continue work to improve our systems for recording and collating compliments received by wards and departments as part of the Department of Health's regional reporting requirements.

### ***The Complaints Team can be contacted at:***

Belfast Health and Social Care Trust - Complaints Department  
Musgrave Park Hospital  
7th Floor McKinney House  
Stockman's Lane  
Belfast BT9 7JB

Email: [complaints@belfasttrust.hscni.net](mailto:complaints@belfasttrust.hscni.net)

[compliments@belfasttrust.hscni.net](mailto:compliments@belfasttrust.hscni.net)