

# Complaints and Patient Advice and Liaison Service Annual Report 2018/2019



## CONTENTS

	<b>PAGE</b>
<b>Executive Summary Report</b>	<b>3</b>
<b>Main Report</b>	
<b>1. Complaints</b>	<b>6</b>
<b>2. Patient Advice Liaison Service (PALS)</b>	<b>10</b>
<b>3. Your Opinion Counts (YOCs)</b>	<b>12</b>
<b>4. Friends and Family Test</b>	<b>13</b>
<b>5. Compliments</b>	<b>14</b>
<b>6. Advocates</b>	<b>15</b>
<b>7. NHS Choices/Patient Opinion</b>	<b>15</b>
<b>8. Themes Arising from Complaints, PALS and YOCs 2018/19</b>	<b>15</b>
<b>9. Lessons Learnt</b>	<b>19</b>
<b>10. Developments in 2017/18</b>	<b>23</b>

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# COMPLAINTS AND PATIENT ADVICE AND LIAISON SERVICE ANNUAL REPORT 2018/19

## EXECUTIVE SUMMARY

This report provides a summary of complaints, compliments and PALS contacts (including comments received on the Your Opinion Counts (YOC) forms) received by the Trust during the period 1 April 2018 to 31 March 2019. The annual figures are shown in Table 1, including the 2016/2017 and 2017/18 figures for comparison.

**Table 1: Complaints, PALS and Compliments**

	2018/19	% change	2017/18	% change	2016/17
<b>Complaints</b>	<b>125</b>	<b>-24.2%</b>	<b>165</b>	<b>+20.4%</b>	<b>137</b>
<b>PALS</b> (including feedback received via Your Opinion Counts (YOC) comment card system)	<b>3199</b> (425 PALS) (2774 YOCS)	<b>+3.9%</b> (+21.4% PALS) (+1.6%)	<b>3080</b> (350 PALS) (2730 YOC)	<b>-13.5%</b> (-18.8% PALS) (-12.7% YOC)	<b>3559</b> (431 PALS) (3128 YOC)
<b>Compliments</b>	<b>942</b>	<b>-23.9%</b>	<b>1238</b>	<b>+1.3%</b>	<b>1166</b>

The number of complaints received has shown a significant decrease compared to 2017/18; however, the number of enquiries to PALS has shown a significant increase and YOCs have shown a slight increase in 2018/19. The number of compliments received has significantly decreased.

## Complaints

The figures for 2018/19 show a decrease of 24.2% in the number of complaints received compared with the previous year. There has been a decrease across Doncaster Care Group and a significant decrease for the North Lincolnshire Care Group. Children's and Rotherham Care Groups showed a slight increase in the number of complaints. Doncaster Intensive Community Therapies were the individual service with the highest number of complaints in 2018/19 (9), followed by Rotherham Access Team and District Nursing Service – Central Team (7 each).

73.6% of complaints were acknowledged according to the national standard of 3 working days and 19% of complaints were responded to within 25-40 working days, 27.4% of complaints were responded to within 41-60 and 53.6% were responded over 60 working days.

The main 4 categories for complaints (Department of Health KO41a categories) were:

- Clinical Treatment
- Communication
- Patient Care
- Access To Treatment or Drugs

Five complaints proceeded to second stage with the Parliamentary and Health Services Ombudsman. Of these, all five were still ongoing at the time of this report.

## PALS

Enquiries to PALS have increased by 21.4%, compared to the figures from 2017/18. The types of enquiry received by PALS were:

- To raise a general concern regarding treatment and care, including via Patient Opinion (309)
- Requests for advice (4)
- Information requests (109)
- Signposting to Trust services (2)
- To provide a compliment (1)

The number of enquiries received by each Care Group has varied in 2018/19, with an increase in the number of contacts since 2017/18 across all Care Groups except Children's who showed a decrease.

This reduction was seen across three directorates. Physical Health (formerly DCIS) and Adult Mental Health showed an increase in numbers from 2017/18.

The 5 most frequent general concerns raised through PALS across all services and localities have been categorised under:

- Clinical treatment – appropriate treatment
- Access to Service – referral process
- Attitude of staff – inappropriate/Unsupportive
- Info Request/Request For Advice/Signposting (PALS) – Access To Health Care Records
- Communication to or about a patient – inadequate & Appropriate

The use of social media has not had a significant impact on the way in which people contact PALS. In 2018/19, 8 people used Facebook (compared to 9 in 2017/18) and 3 used Twitter (4 in 2017/18). This only represents 2.6% of contacts to PALS. The majority of contacts (52.7%) remain by telephone, followed by email (27.5%).

## **Your Opinions Counts (YOC)**

There has been a slight increase in the number of Your Opinion Counts (YOC) forms received across the Trust (1.6%). As with PALS, the number of YOCs received by directorate in each of the Care Groups has varied in 2018/19. Adult Mental Health in North Lincolnshire saw a significant decrease of 41%, however, the overall figure for all Adult Mental Health only showed a decrease of 15%, Physical Health (formerly DCIS) saw an increase of 32%, Children's Care Group saw an increase of 33%, and Forensic Services saw an almost 100% decrease from 13 YOCs in 2017/18 to 1 in 2018/19. The reasons for both the decreases and increases are unclear. Anecdotally, it has been reported that where services have promoted the use of the YOC more with their service users, the response rate has appeared to increase.

An easy read version of the YOC is available for all Care Groups to use and these are returned from across all services, not just Learning Disabilities. The YOC form is also available in 12 languages for staff to print off from the Intranet as required.

The nature of feedback obtained via the YOC scheme continues to be largely positive, with 85% of comments being of a positive nature. The top 3 categories of positive comments are, 'attitude of staff', 'general' and 'clinical treatment'. The top 3 negative categories of comments are 'access to service', 'clinical treatment' and 'attitude of staff'.

## **Friends and Family Test**

The Friends and Family question on the YOC form demonstrates that in the majority of services over 85% of responders in 2018/19 said they would be extremely likely or likely to recommend the service to friends and family. The exceptions to this are Mental Health Acute Services (84.1%), Secure and Forensic Services (50.0%), and CAMHS (69.3%).

## **Compliments**

Overall there has been a decrease of 23.9% in the number of written compliments registered on the database. However, reporting of compliments (which is done within each Care Group) is variable.

The most common type of positive feedback received continues to be categorised under 'Attitude of Staff', followed by 'General' and 'Clinical Treatment'.

## **NHS Choices/Patient Opinion**

Over the past year there have been 9 postings to NHS Choices/Patient Opinion about RDaSH services.

NHS Choices (<http://www.nhschoices.nhs.uk>) is an internet based resource that reviews comments and ratings relating to NHS services provided.

A response is given by to Trust to all comments to either to thank them for a positive comment or to offer the respondent the opportunity to contact PALS to discuss their concerns further. It is not possible to identify who the respondent is from their comment on NHS Choices/Patient Opinion and in many cases, it is not clear which service they are referring to. Where the service is clear, the comment, whether positive or negative, is shared with the service.

### **Key Developments in 2018/19**

The centrally based Patient Safety & Investigations Team continues to investigate all complaints. This team comprises of 6 Band 7 staff (5 WTE) supported by a Band 3 team secretary. The team has been supported to develop and grow over the year by the Head of Patient Safety. They have now undertaken refresher training in root cause analysis and attended conferences to build on their knowledge and skills to assist them in their investigations.

In addition the Trust has invested in Human Factors training thorough a train the trainers approach, and this training will be rolled out by the Trust trainers during 2019/20.

# COMPLAINTS AND PATIENT ADVICE AND LIAISON SERVICE ANNUAL REPORT 2018/19

## Introduction

This report provides a summary of all complaints, PALS contacts, Your Opinion Counts (YOC) feedback and compliments received in 2018-19.

All complaints, PALS contacts and YOC forms are logged onto the Ulysses reporting system by the Patient Safety and Investigation Team. Complaints and PALS use the same categories to code issues on Ulysses which makes reporting simpler and allows for comparison. YOC utilise different codes specific to the YOC form and questions asked on this.

Compliments are recorded within each Care Group on an Excel spreadsheet from which data can be extracted by the Patient Safety and Investigation Team for reporting purposes.

## 1 COMPLAINTS

### 1.1. Complaints Received by Care Group or Trust Services

**Table 2: Complaints received by Care Group/Corporate Services**

Care Group	Number of Complaints 2018/19	Number of Complaints 2017/18
Doncaster	59	84
Children's	22	19
North Lincolnshire	13	32
Rotherham	31	30
Estates	0	1
Corporate	0	1

### 1.2. Complaints Received by Care Group and Directorate (*Figures in brackets relate to 2017/2018*)

Table 3 below shows the breakdown of complaints received by Care Group and directorate.

**Table 3: Complaints received by Care Group and Directorate**

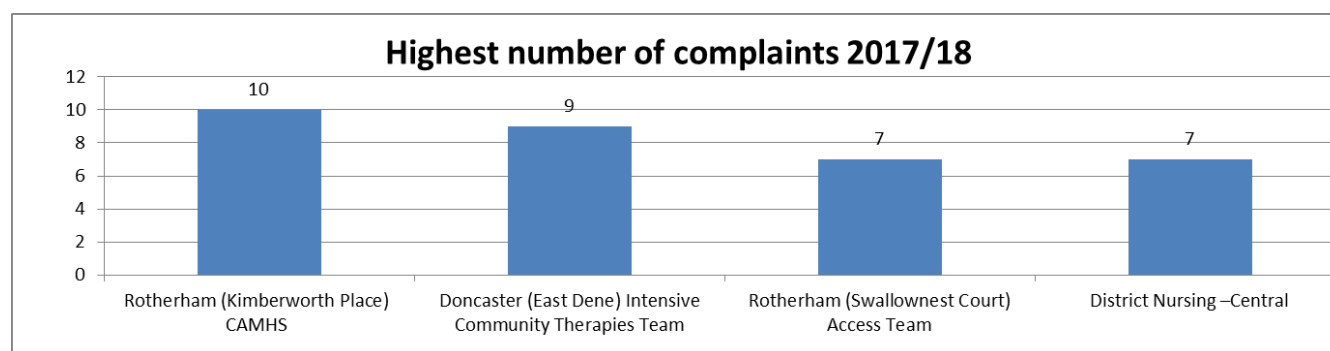
Directorate	Care Group				
	Children's	Rotherham	Doncaster	North Lincs	Total
Adult Mental Health		26 (23)	24 (44)	11 (23)	61 (90)
CAMHS	16 (13)				16 (13)
Children, Young People and Families Services	6 (6)				6 (6)
Physical Health (formerly DCIS)			25 (25)		25 (25)
Forensic			2 (4)		2 (4)
Community LD Services		1 (1)	0 (2)	0 (0)	1 (3)
OPMHS		3 (5)	6 (5)	2 (8)	11 (18)
Drug & Alcohol Services		0 (1)	2 (3)	0 (0)	2 (4)
<b>CARE GROUP TOTAL</b>	<b>22 (19)</b>	<b>30 (30)</b>	<b>59 (83)</b>	<b>13 (31)</b>	<b>124 (163)</b>
<b>Other Directorates</b>					
Estates & Facilities			0 (0)	0 (1)	0 (1)
CEO & Corporate Affairs		1 (0)	0 (1)		1 (1)
<b>OTHER TOTAL</b>		<b>1 (0)</b>	<b>0 (1)</b>		<b>1 (2)</b>
<b>GRAND TOTAL</b>	<b>22 (19)</b>	<b>31 (30)</b>	<b>59 (84)</b>	<b>13 (32)</b>	<b>125 (165*)</b>

The table above shows an overall decrease in the number of complaints. However, the decrease is largely across Doncaster and North Lincolnshire Care Groups as Children’s and Rotherham Care Groups have shown a slight increase in their complaints as against those received in 2017/18.

In addition to these new complaints, a further 9 complaints were re-opened during 2018/19, as the complainant expressed dissatisfaction with the initial investigation undertaken and/or the outcome of their complaint. This is a reduction since 2017/18 when 17 complaints were re-opened.

### 1.3. Highest number of complaints

The graph below shows those services which received 5 or more complaints in 2018/19



### 1.4. Outcomes of Complaints Investigations

Table 4 details the outcomes of the 125 complaints investigated in 2018/19.

**Table 4: Outcomes of Complaints**

	2018/19	2017/18	2016/17	2015/16
Fully Upheld	13	18	10	15
Partially Upheld	32	61	59	56
Not Upheld	39	57	51	40
Awaiting Action Plan	0	0	1	0
Withdrawn	15	27	16	10
Unable to Conclude	0	0	1	0
Still being investigated*	26	2	0	0
<b>Total</b>	<b>125</b>	<b>165</b>	<b>137</b>	<b>121</b>

\* **These complaints were still being investigated at the time of this report**

To the date of writing this report, the percentage of complaints fully upheld increased this year from 11% to 13% and complaints which were partially upheld has decrease from 37% to 32%.

### 1.5. Performance Against National Timescales for Complaints Handling

92/125 (73.6%) of complaints have been acknowledged within three working days of receipt within the Patient Safety and Investigation Team. The reasons for a delay may be that it can be unclear at times upon receipt of a letter, which process is to be considered/ followed:

- consent/patient confidentiality/relationship to patient;
- whether the matter has been/needs to be investigated as a Serious Incident;
- the time of day the letter is received within the Patient Safety and Investigations Team;
- Whether the matter can be dealt with as a PALS enquiry.

All of these can delay a letter of acknowledgement being sent with the appropriate information included about the processes to be followed.

## 1.6. Performance against Trust targets for responding to complaints

Of the **125** complaints received in 2018/19, **26** were still ongoing at the time of this report and **15** had been withdrawn. Complaints are recorded as withdrawn either if the complainant has withdrawn their complaint, if the complainant has failed to make further contact with the Patient Safety and Investigation Team (therefore, the scope or remit of the potential investigation to be undertaken is compromised), or if consent has not been received. Of the remaining **84/125**, **16** (19%) were resolved within 25-40 working days, **23** (27.4%) were resolved in over 41-60 working days and 45 (53.6%) were 60+ working days.

There can be several reasons why a complaint response may be delayed. This may be due, for example, to difficulties in arranging meetings with a complainant, or delays in obtaining the relevant information as part of the investigation. A sample of the 45 complaints which were responded to in over 60 working days was reviewed and the following were found to be the reasons for the delay:

- D18/05 Initially dealt with informally within service whilst patient still on the ward, delay in providing the response to the investigating officer (180 days to respond)
- D18/14 Delay due to the complexity and the number of concerns raised, (169 days to respond)
- R18/04 Delay due to complainant initially withdrawing consent for investigation to be undertaken. (166 days to respond)
- R18/11 Delay due to Investigation Officer being on sick leave and having to be allocated to another investigating who already had a large caseload (160 days to respond)
- NL18/06 Delay in receiving staff statements from service (140 days to respond)

## 1.7. Independent Stage/Further Review by the Parliamentary Health Service Ombudsman (PHSO)

For the period 01/04/18 to 31/03/19, there were **5** referrals to the PHSO with regard to services provided by the Trust. These are shown in Table 5.

**Table 5: PHSO complaints**

Start Date	Care Group	Case No.	Outcome
05.07.18	Rotherham	R14/43	Still being investigated
16.05.18	Rotherham	R15/08	Still being investigated
11.09.18	Doncaster-DCIS	D17/48	Still being investigated
29.11.18	North Lincolnshire	NL17/15	Still being investigated
28.03.19	Doncaster	D17/20	Still being investigated

## 1.8. Themes from Complaints

The tables below show the categories of complaints investigated. These categories are those used in the national KO41a returns for the recording and handling of formal complaints. Tables 6-9 show the main categories of 'clinical treatment', 'communications', 'patient care', 'and 'access to treatment or drugs', and the associated subcategories.

**Table 6**

Category/Sub Category	2018/19	2017/18
<b>Clinical Treatment</b>	<b>29</b>	<b>30</b>
Delay In Treatment	4	6
Delay Or Failure In Observations	2	2
Delay Or Failure In Treatment	1	
Delay Or Failure To Follow Up	2	
Dispute Over Diagnosis	4	3
Failure To Follow Up On Observations/recognise deteriorating	1	1



Category/Sub Category	2018/19	2017/18
patient		
Inappropriate Treatment	7	7
Incorrect Procedure	1	
Mental Health Act: Access To Leave	1	
Mental Health Act: Disagreement with Section	2	
Other	2	3
Post-Treatment Complications	1	
Wound Dehiscence	1	
Delay Or Failure To Diagnose		3
Delay Or Failure In Acting On Test Results		1
Lack Of Clinical Assessment		2
Incorrect Diagnosis		1
Inappropriate Procedure		1

**Table 7**

Category/Sub Category	2018/19	2017/18
<b>Communications</b>	<b>24</b>	<b>33</b>
Breakdown In Communication Between Staff	1	1
Breakdown In Communication re Appointments	1	
Communication Failure Between Departments	1	
Communication With Patient	6	11
Communication With Relatives/Carers	8	14
Conflicting Information	1	3
Inadequate Information Provide	2	
Incorrect/Inaccurate Interpretation	2	1
Method/Style Of Communications	1	2
Other	1	1

**Table 8**

Category/Sub Category	2018/19	2017/18
<b>Patient Care</b>	<b>22</b>	<b>42</b>
Care Needs Not Adequately Met	12	32
Care Pathway Issues	3	2
Inadequate Support Provided	4	1
Other	3	2
Failure To Provide Adequate Care		3
Care Needs Not Identified (Inc E.G Therapy Need)		1
Food & Hydration - Fail To Undertake Nutritional Screening		1

**Table 9**

Category/Sub Category	2018/19	2017/18
<b>Access To Treatment Or Drugs</b>	<b>19</b>	<b>6</b>
Access To Services	8	2
Length Of Waiting List	1	
Service Not Available	1	
Service Provision	8	2
Treatment Delayed	1	1
Funding Of Treatment		1

## 2. PATIENT ADVICE AND LIAISON SERVICE (PALS) (figures in brackets are from 2017/18)

The total number of enquiries received by PALS during 2018/19 was 425 which is an increase of 21.4% in relation to the 350 received during 2017/2018.

Table 10 below shows the method of receipt of the PALS contacts.

**Table 10: method of receipt of PALS contacts**

Method of receipt	Number of Enquiries	Percentage
Answer machine	27 (0)	6.35% (0%)
Email	117 (105)	27.5% (30.0%)
Face to face	2 (3)	0.5% (0.9%)
Facebook	8 (9)	1.88% (2.6%)
Letter	34 (17)	8% (4.9%)
NHS Choices	9 (0)	2.12% (0%)
Patient Opinion	0 (1)	0% (0.3%)
Telephone	224 (207)	52.7% (59.1%)
Twitter	3 (4)	0.71% (1.1%)
Website	1 (3)	0.24% (0.9%)
Your Opinion Counts form	0 (1)	0% (0.3%)
<b>Total</b>	<b>425 (350)</b>	<b>100%</b>

The most frequent way of contacting PALS is still by telephone. However, there has been an increase in the number of enquiries received through email, letter and telephone. The use of social media does not appear to have had a great effect on the way in which people contact our PALS.

Table 11 below shows the categories of contacts made. The majority of contacts are regarding clinical treatment.

**Table 11: category of PALS contacts**

Category of PALS contact	Number of contacts
Clinical Treatment	144
Access To Service	59
Attitude Of Staff	50
Info Request/Request For Advice/Signposting	41
Communication/Info To Or About A Patient	27
Discharge Arrangements	24
Personal Health Care Records	13
Unable to Conclude (Unknown)	10
Other (<10 contacts per category)	57

Table 12 below details the outcomes of the enquiries. In a small number of cases, the enquirer is unhappy with the response from PALS and goes on to make a formal complaint. The majority (52.7%) are happy with the response.

**Table 12: outcome of PALS enquiry**

Outcome of enquiry	Number of Enquiries	Percentage
Formal Complaint Raised	25	5.9% (6.6%)
Happy With Response	224	52.7% (53.7%)
No Further Contact Received	123	28.9% (32.9%)
Unable To Conclude	33	7.8% (3.4%)
Unhappy With Response	10	2.4% (3.4%)
Ongoing	10	2.4% (0)
<b>Total</b>	<b>425</b>	<b>100%</b>

At the time of producing this report 10 (2.4%) of the 425 enquiries to end of March 2018, were still ongoing. There has been a slight decrease across all outcomes for PALS enquiries received, except

for unable to conclude which has increased. There may be a variety of reasons for the outcome 'Unable to Conclude', for example if the contact was anonymous, the enquirer did not leave contact details, the enquirer was too aggressive to progress with contact, the patient did not give consent to share with enquirer, or the enquiry does not relate to RDASH services.

Most PALS enquiries are closed within one month and many are closed much sooner than this (see table 13 below). However, there are occasional enquiries which take longer to resolve, which can be for a variety of reasons, eg the complexity of the enquiry; the enquirer prefers the 'informal' process provided by PALS, choosing not to submit a formal complaint; or capacity of services to respond in a timely manner.

**Table 13: days to close PALS enquiry**

	Days to close enquiry
1-10 days	281
11-20 days	62
21-30 days	25
> 30 days	47
Still ongoing	10
<b>Total</b>	<b>425</b>

Tables 14 and 15 below show the Care Group and directorates that the enquiries relate to. Of the 425 enquiries received, 87.8% related to specific services named by the enquirer. This is consistent with 2017/18 (82.3%). The remaining 52 (12.2%) enquiries related to non RDASH services.

**Table 14: PALS enquiry by Care Group**

Care Group	Number of Enquiries	Percentage
Children's	24	5.6% (10.0%)
Doncaster	204	48% (41.4%)
North Lincolnshire	44	10.4% (8.3%)
Rotherham	101	23.8% (22.3%)
Corporate	0	0 (0.3%)
Not relating to RDASH services	52	12.2% (17.7%)
<b>Total</b>	<b>425</b>	<b>100.0%</b>

**Table 15: PALS enquiry by Care Group and Directorate**

Directorate	Care Group					Directorate Total
	Children's	Rotherham	Doncaster	North Lincs	Non RDASH Services	
Adult Mental Health		88 (57)	91 (76)	33 (26)		212 (159)
CAMHS	18 (29)					18 (29)
Children, Young People and Families Services	3 (5)					3 (5)
Physical Health (formerly DCIS)			50 (35)			50 (35)
Forensic			7 (8)			7 (8)
Community LD Services		3 (1)	1 (3)	1 (1)		5 (5)
OPMHS		9 (8)	16 (16)	5 (0)		30 (24)
Drug & Alcohol Services		0 (2)	13 (7)	0 (0)		13 (9)
<b>CARE GROUP TOTAL</b>	<b>21 (34)</b>	<b>100 (68)</b>	<b>178 (145)</b>	<b>39 (27)</b>		<b>338 (274)</b>
<b>Other Directorates</b>						
Estates & Facilities			2 (2)			2 (2)

Workforce & OD			2 (0)			2 (0)
Health Informatics			4 (5)			5 (5)
CEO & Corporate Affairs			0 (0)			0 (0)
Finance			0 (0)			0 (0)
Medical & Pharmacy			0 (0)			0 (0)
Nursing & Quality			1 (1)			1 (1)
Non RDaSH Services	3 (0)	1 (0)	17 (0)	5 (0)	52 (68)	78 (68)
OTHER TOTAL	3 (0)	1 (0)	26 (8)	5 (0)	52 (68)	87 (76)
GRAND TOTAL	24 (34)	101 (68)	204 (153)	44 (27)	52 (68)	425 (350)

### 3. YOUR OPINION COUNTS (YOC) (*figures in brackets are from 2017/18*)

The YOC form asks three specific questions and allows an opportunity to provide comments to each of the questions. The comments are categorised for reporting to services. The YOC form also allows for a response to the Friends and Family Test (see section 4.1).

A total of 2774 forms have been received in 2018/19. This is a increase of 1.6% from 2017/18 when 2730 were received. Table 15 shows the distribution of YOC across Care Group and directorate.

**Table 15: YOC by Care Group and Directorate**

Directorate	Care Group				Directorate Totals
	Children's	Rotherham	Doncaster	North Lincs	
Adult Mental Health		106 (119)	310 (312)	107 (182)	523 (613)
CAMHS	92 (66)				92 (66)
Children, Young People and Families Services	398 (302)				398 (302)
Physical Health (formerly DCIS)			1314 (1222)		1314 (1222)
Forensic			1 (13)		1 (13)
Community LD Services		61 (52)	29 (15)	0 (2)	90 (69)
OPMHS		39 (101)	82 (80)	48 (67)	169 (248)
Drug & Alcohol Services		0 (16)	182 (149)	0 (73)	182 (323)
CARE GROUP TOTALS	490 (368)	206 (288)	1918 (1791)	155 (279)	2769 (2726)
Support Services					
Estates & Facilities		2 (0)	2 (3)		4 (3)
Health Informatics			0 (0)		0 (0)
Workforce and OD			1 (1)		1 (1)
SUPPORT SERVICES TOTAL		2 (0)	3 (4)		5 (4)
GRAND TOTAL	490 (368)	208 (288)	1921 (1795)	155 (279)	2774 (2730)

Any comments made on the YOC are categorised and identified as either a positive or negative comment. Tables 16 and 17 show the top 5 positive and negative categories.

**Table 16: top 5 positive categories**

Category	Number of comments
Attitude Of Staff	1071
General	951
Clinical Treatment	123
Communication/Info to Or About A Patient	125
Nutritional Needs	25

**Table 17: top 5 negative categories**

Category	Number of comments
Access To Service	98
Clinical Treatment	80
Attitude Of Staff	49
Communication/Info To Or About A Patient	36
Trust Premises	34

The table below shows the top 7 categories overall for Your Opinion Count forms across the Trust.

**Table 18: YOC by Care Group and Category**

Care Group	Category						
	Attitude of Staff	General	Clinical Treatment	Access to Service	Communication/ Information	Nutritional Needs	Trust Premises
<b>Children's Total</b>	238	133	30	18	46	2	9
CAMHS	50	14	4	7	11	0	3
CYPF	188	119	26	11	35	2	6
<b>Doncaster Total</b>	740	693	134	72	97	33	36
Adult Mental Health	125	110	19	28	12	2	3
Physical Health (formerly DCIS)	506	512	84	39	68	28	24
Forensic	1	0	0	0	0	0	0
Learning Disabilities	12	12	2	1	2	0	0
OPMHS	29	29	4	4	8	2	2
Drug & Alcohol Services	67	59	25	0	7	1	7
<b>Rotherham Total</b>	77	57	23	10	5	14	4
Adult Mental Health	40	18	17	4	4	11	4
Learning Disabilities	25	22	2	4	4	0	0
OPMHS	12	17	4	2	1	3	0
Drug & Alcohol Services	0	0	0	0	0	0	0
<b>North Lincs Total</b>	58	42	16	8	8	4	7
Adult Mental Health	40	29	8	6	6	3	5
Learning Disabilities	0	0	0	0	0	0	0
OPMHS	18	13	8	2	2	1	2
Drug & Alcohol Services	0	0	0	0	0	0	0
<b>Support Services Total</b>	1	2	0	0	1	0	1
Estates & Facilities	1	1	0	0	1	0	1
Workforce & OD	0	1	0	0	0	0	0
Health Informatics	0	0	0	0	0	0	0
Finance and IT	0	0	0	0	0	0	0
Nursing & Quality	0	0	0	0	0	0	0

The most common type of positive feedback received continues to be categorised under 'Attitude of Staff', followed by 'General' and 'Clinical Treatment'.

#### 4. Friends and Family Question

The Friends and Family Test (FFT) and asks: *How likely are you to recommend our service to friends and family if they needed similar care or treatment?*

The response options are: Extremely Likely; Likely; Neither likely nor unlikely; Unlikely; Extremely unlikely; and Don't know. The FFT score is the percentage of those who said Extremely Likely or Likely out of the total responses. The FFT question is the first question on the Your Opinion Counts form but the FFT question is also asked as part of the CAMHS patient/family feedback questionnaire, the IAPT end of treatment feedback questionnaire, and it is asked as part of the Children Young People and Families assessment process in some of their services.

In 2018/19, 4719 responses were received to the FFT question across the Trust.

When reporting the FFT score nationally, the Trust services are grouped into nationally defined service groupings for community health and mental health. Table 18 below shows the percentage of respondents who stated that they would be Likely or Extremely Likely to recommend our services in 2018/19. Figures in brackets are the numbers of Extremely Likely/Likely respondents/total number of respondents.

**Table 19: FFT responses by national service grouping**

	Extremely likely/Likely to recommend	
	2018/19	2017/18
<b>Community Health</b>	97.3% (2872/2953)	97.0% (2775/2860)
Community Health Care: Inpatient	97.6% (160/164)	96.9% (154/159)
Community Health Care: Community Nursing Services	97.4% (488/501)	98.2% (663/675)
Community Health Care: Rehabilitation and Therapy Services	93.9% (230/245)	94.9% (241/254)
Community Health Care: Specialist Services	99.3% (140/141)	99.2% (132/133)
Community Health Care: Children and Family Services	97.7% (1818/1860)	96.8% (1559/1610)
Community Healthcare other	85.7% (36/42)	89.7% (26/29)
<b>Mental Health</b>	93.2% (1646/1766)	93.1% (1818/1952)
Mental Health Primary care	98.2% (1042/1061)	99.0% (961/971)
Mental Health Secondary care community services	92.2% (154/167)	92.8% (402/433)
Mental Health Acute Services	74.0% (71/96)	84.1% (90/107)
Mental Health Specialist Services	93.4% (141/151)	92.5% (246/266)
Secure & Forensic services	83.3% (40/48)	50% (6/12)
Children and Young Persons' Mental Health Services	81.5% (198/243)	69.3% (113/163)
Other Mental Health Services	None in this category	None in this category
<b>Grand Total</b>	95.7% (4518/4719)	85.4% (4593/4812)

## 5. COMPLIMENTS (*figures in brackets are from 2017/18*)

Each Care Group records their written compliments which are then collected for reporting purposes. A total number of **942** compliments have been received. This is a **decrease of -23.9%** compared to **1238** that were received during 2017/2018.

**Table 20: Compliments by Care Group and Directorate**

Care Group Total	Care Groups				Total
	Children's	Rotherham	Doncaster	North Lincs	
66 (200)	38 (82)	815 (937)	23 (19)	942 (1238)	

Due to the change in the structure within the Doncaster Care Group, we are unable to make a comparison for all services; the figures in brackets are for 2017/19.

Children's, Rotherham and Doncaster Care Groups showed a substantial decrease in the number of compliments they are received and reported. In contrast, North Lincolnshire Care Group showed a slight increase since 2017/18. As this system relies upon Care Group staff reporting the written compliments they receive, it is believed (though not substantiated) that differences in the numbers of compliments is likely to be due to deficiencies in reporting, rather than receipt of compliments. However, without the compliments being reported, it is impossible to verify this.

## 6. ADVOCATES: HEALTHWATCH, VOICEABILITY & CLOVERLEAF

Healthwatch/Voiceability and Cloverleaf Advocacy are independent organisations which exist to:

- Engage with communities to gather views and evidence of health and social care service provision
- Make sure the views and experiences of service users and carers are heard by decision makers and commissioners locally and nationally
- Signpost people to information about local health and social care services and how to access them, and
- Provide people with information on how to make a complaint about NHS Services.

There are Advocate offices in all areas where RDASH provide services.

The Patient Safety and Investigations Team has been contacted by the Advocates in Rotherham, Doncaster and North Lincolnshire, during 2018/19, when they have been supporting service users to make complaints and to make enquiries about the services we offer.

The Patient Safety and Investigations Team will continue to work with all the Advocates in each of the areas in order to support service users and to facilitate improvements in services where appropriate.

## **7. NHS CHOICES/Patient Opinion**

Over the past year there have been 9 postings to NHS Choices/Patient Opinion about RDASH services.

NHS Choices (<http://www.nhschoices.nhs.uk>) is an internet based resource that reviews comments and ratings relating to NHS services provided. Over the past year, there have been 9 postings to NHS Choices/Patient Opinion.

A response is given by the Trust to all comments to either to thank them for a positive comment or to offer the respondent the opportunity to contact PALS to discuss their concerns further. It is not possible to identify who the respondent is from their comment on NHS Choices/Patient Opinion and in many cases, it is not clear which service they are referring to. Where the service is clear, the comment, whether positive or negative, is shared with the service.

## **8. THEMES ARISING FROM COMPLAINTS 2018/19**

In 2018/19 the category Clinical Treatment received the highest number of complaints. In 2018/19 the Trust received 29 complaints relating to this category against the 30 received in 2017/18.

### **Theme 1: Clinical Treatment**

**29** complaints were received in this category (23.20% of the total complaints received)

- 7 partially upheld;
- 13 not upheld;
- 2 upheld;
- 1 complaint withdrawn;
- 6 still being investigated

The subjects of complaints were:

- Delay Or Failure To Follow Up
- Delay In Treatment;
- Delay Or Failure in Treatment;
- Incorrect Procedure;
- Mental Health Act: Disagreement with Section;
- Post-Treatment Complications
- Wound Dehiscence
- Mental Health Act: Access To Leave
- Delay Or Failure In Observation;

- Dispute Over Diagnosis;
- Failure To Follow Up On Observation;
- Inappropriate Treatment;
- Other.

## **Theme 2: Communication**

**24** complaints were received in 2018/19 (19.20% of the total complaints received)

- 4 partially upheld;
- 6 not upheld;
- 4 upheld;
- 5 complaint withdrawn;
- 5 still being investigated.

The subjects of complaints were:

- Breakdown In Communication Between Staff;
- Breakdown In Communication regarding Appointment;
- Communication Failure Between Departments;
- Communication With Patient;
- Communication With Relatives/Carers;
- Conflicting Information;
- Inadequate Information Provided;
- Incorrect/Inaccurate Interpretation;
- Mental Health Act: Access to Leave;
- Method/Style Of Communications;
- Other.

## **Theme 3: Patient Care**

**22** complaints were received in 2018/19 (17.6% of the total complaints received)

- 6 partially upheld;
- 4 not upheld;
- 3 upheld;
- 2 Complaint Withdrawn;
- 7 still being investigated.

The subject of complaints were:

- Care Needs Not Adequately Met;
- Care Pathway Issues
- Inadequate Support Provided
- Other

## **Theme 4: Access to Treatment Or Drugs**

**19** complaints were received in 2017/18 (15.2% of the total complaints received)

- 6 partially upheld;
- 3 not upheld;
- 2 complaint withdrawn;
- 8 still being investigated.

The subjects of complaints were:

- Access To Services;
- Service Not Available;
- Length Of Waiting Time;
- Service Provision;
- Treatment Delayed.



## **Theme 5: Admission/Discharge/Transfer**

11 complaints were received in 2018/19 (8.8% of the total complaints received)

- 4 partially upheld;
- 3 not upheld;
- 3 complaint withdrawn;
- 1 Upheld.

The subjects of complaints were:

- Discharge Arrangements;
- Discharged Too Early;
- Inadequate Discharge Planning;
- Other;
- Transfer Against Wishes;

## **Theme 6: Appointments**

4 complaints were received in 2018/19 (3.20% of the total complaints received)

- 2 Not upheld;
- 1 Complaint withdrawn;
- 1 Upheld.

The subjects of complaints were:

- Appointment – Availability;
- Appointment cancellations;
- Appointment Booking System
- Referral - Failure.

## **Theme 7: End of Life Care**

4 complaints were received in 2018/19 (3.20% of the total complaints received)

- 1 Partially upheld;
- 2 Not upheld;
- 1 Upheld.

The subject of complaints were:

- End Of Life Care/Liverpool Care Pathway.

## **Theme 8: Other**

2 complaints were received in 2018/19 (1.60% of the total complaints received)

- 2 Not upheld.

The subject of complaints were:

- Other.

## **Theme 9: Prescribing**

2 complaints were received in 2018/19 (1.60% of the total complaints received)

- 1 Not upheld;
- 1 partially upheld.

The subject of complaints were:

- Communication With Relatives/Carers;
- Other.

## **Theme 10: Trust Admin/Policies/Procedure Including Patient**

2 complaints were received in 2018/19 (1.60% of the total complaints received)

- 2 Partially Upheld.

The subject of complaints were:

- Access To Health Records;
- Mental Health Act.

## **Theme 11: Facilities**

1 complaint received in 2018/19 (0.8% of the total complaints received).

- 1 partially upheld.

The subject of complaint was:

- Equipment – condition (non-clinical).

## **Theme 12: Privacy, Dignity & Wellbeing**

1 complaint received in 2018/19 (0.8% of the total complaints received).

- 1 Not upheld.

The subject of complaint was:

- Other.

## **Theme 13: Restraint**

1 complaint received in 2018/19 (0.8% of the total complaints received).

- 1 not upheld.

The subject of complaint was:

- All Aspects Of Restraint Issue.

## **Theme 14: Trust Premises**

1 complaint received in 2018/19 (0.8% of the total complaints received).

- 1 Complaint withdrawn.

The subject of complaint was:

- Other.

## **Theme 15: Values and Behaviours (Staff)**

1 complaint received in 2018/19 (0.8% of the total complaints received).

- 1 Not Upheld.

The subject of complaint was:

- Attitude of Facilities Staff.

## **Theme 16: Waiting Times**

1 complaint received in 2018/19 (0.8% of the total complaints received).

- 1 Upheld.

The subject of complaint was:

- Waiting For Appointment/Length.

## **9. LESSONS LEARNT**

Complaints and PALS are reported in the monthly and quarterly Patient Safety dashboards, monthly are discussed at Care Group Assurance meetings, and quarterly are discussed at Quality Committee and shared with the respective Clinical Commissioning Groups. Any lessons learnt are discussed and implemented at Care Group level.

At the end of each complaint investigation, an action plan is established with the relevant service(s) to identify any actions required, who will lead on these and the timescales for these.

Below are examples of actions and lessons learnt from complaints in 2018/19.

## Examples of learning from complaints

- 2017/18 - Learning from complaints (NL18/12)

**Complainant expressed her concerns over the waiting time for a diagnostic assessment of ADD/ADHD for her son. Advised current waiting time from point of referral to initial assessment is over 15 months.**

Care Group: North Lincolnshire (CAMHS)  
Outcome: Upheld

Actions/learning:

- To continue working with the Clinical Commissioning Group (CCG) to address the waiting time; a number of short term and long term solutions have been identified and are currently being considered.
- Ongoing discussions with the CCG to improve the situation.

- 2018/19 - Learning from complaints (D18/21)

**Complainant expressed concern about the lack of service provided to their client from East Dene Centre, who missed her first appointment and received poor communication, delay in returning telephone calls and lack of information regarding appointment options.**

Care Group: Doncaster (Intensive Community Therapies)  
Outcome: Upheld

Actions/learning:

- Duty calls received to be responded to (return call attempted) within four working hour time frame.
- Calls received to speak with team manager / lead professional to be returned within one working day, in the absence of team manager / lead professional call back to be passed to duty to make contact.

- 2017/18 - Learning from complaints (D18/33)

***Complainant raised issues on behalf of his partner, joint investigation with Doncaster and Bassetlaw NHS Foundation Trust (DBH NHSFT) and Intensive Community Therapies, East Dene Centre, about the number of staff going on long term sick leave, poor response from Team and Manager; Manager did not communicate about an appointment and/or attend joint meeting, and pain management.***

Care Group: Doncaster (Intensive Community Therapies)  
 Outcome: Partially Upheld

Actions/learning:

- ICT Manager at the time was off work (unplanned, long-term), New Interim Manager now in place.
- Following review on 20 November 2018, Psychologist, has been requested to place patient on the Doncaster Emotional Coping Skills (DECS) waiting list for therapy.
- Application form for access to records to be sent to patient. (A form was sent out from the IG Department on 15 October 2018)
- ICT Team will need to await the outcome of the next appointment with Doctor at DBH NHSFT to determine if further investigations are requested or if it is concluded that patient's pain may be psychosomatic.

- 2017/18 - Learning from complaints (D18/34)

**Concerns raised by Daughter regarding support for her parents and issues with medication prescribed.**

Care Group: Doncaster (Older People's Mental Health Service-Windermere Lodge)  
 Outcome: Upheld

Actions/learning:

- Patient medication charts are now displayed on television screen in all MDT meetings so the prescription is viewed by all professionals in the room, to reduce the scope for errors or omissions being missed.
- At the Multi-disciplinary (MDT) Team meeting, nursing prompt sheets and handover sheets are now in situ which prompt nurses to discuss medications with medics and to handover clear plans from MDT at each handover to oncoming nurses.
- Tasks to nursing staff are now communicated via SystemOne Task centre, to ensure clearer communication and an audit trail.

- 2017/18 - Learning from complaints (D18/22)

**Complainant raised concerns about the lack of communication from the MS/Neuro Outreach Service. Issue relates to availability of disease modifying drug which is jointly managed with Royal Hallamshire Hospital and MS Service.**

Care Group: Doncaster (DCIS-Neuro Rehab Outreach)  
 Outcome: Upheld

Actions/learning:

- To document the pathway to ensure that staff/patients are clear on what the MS Nurse role is within RDaSH.
- Staff to act in a timely manner. MS group email to be implemented.
- To discuss in team meeting so that all staff are aware and carrying out the same process.

- 2017/18 - Learning from complaints (D18/65)

**Letter from Daughter raising concern about her Mother's stay on Hazel Ward. Prescribed medication on numerous occasions were missed and patient had to ask for it, treated patient with lack of care and respect, only time patient encouraged to walk was at meal times, food quality particularly at teatime was very poor.**

Care Group: Doncaster (DCIS-Hazel Ward)  
 Outcome: Partially Upheld

Actions/learning:

- Admission & discharge coordinator role now in place. Part of role is to improve communication with patients & families.
- Input into food & nutrition working group. Every patient to be offered a choice at each mealtime.
- Email all staff to re inforce that patients cannot request any meals, we can ask the kitchens to come and talk to patients who are struggling with the meals provided.
- Completion of food charts to be monitored as part of the ward sister's checks.
- Discharge coordinator to ensure that evidence of MDT or establishment of estimated discharge date is documented for all patients. Ward sisters to check weekly.

## **10. Key Developments in 2018/19**

The centrally based Patient Safety & Investigations Team continues to investigate all complaints. This team comprises of 6 Band 7 staff (5 WTE) supported by a Band 3 team secretary. The team has been supported to develop and grow over the year by the Head of Patient Safety. They have now undertaken refresher training in root cause analysis and attended conferences to build on their knowledge and skills to assist them in their investigations.

In addition the Trust has invested in Human Factors training through a train the trainers approach ,and this training will be rolled out by the Trust trainers during 2019/20.