

Complaints, Local Resolution (PALS) & Purple Point: Q3 report 2020-2021

1. Introduction

This report summarises the Complaints, Local Resolution (PALS), and Purple Point activity and performance at Sandwell and West Birmingham NHS Trust for the quarter 3 2020/21. The report is written in line with the National Health Service Complaints (England) Regulations 2009 whereby the Trust must prepare regular complaints' reports to Board and publically annually.

The report includes details of the number of complaints, PALS, and purple point calls received during the quarter, our performance in responding to complaints and Parliamentary Health Service Ombudsman (PHSO) investigations, and the actions taken by the Trust in response to the feedback and concerns raised.

Our arrangements for receiving and investigating complaints are one element of a range of feedback methods which we use to listen to and learn from the experiences of the patients and their families who use our services.

Patient complaints, PALS, and purple point concerns are reported to the Quality and Safety Committee, (a delegated committee of the Trust Board) on a quarterly basis via the complaints quarterly report. This report is then presented to Trust Board on a quarterly basis thereafter. The report comprises complaints data with feedback from PALS including compliments, Purple Point, and complaint surveys.

Key points to note for Quarter 3 2020/21

- 330 complaints received (The Trust has seen higher than normal numbers of complaints received from September 2020 onwards)
- 170 complaints closed
- 100% of complaints (330) were acknowledged within three working days of receipt
- 11% of complaints (20 of 170) responded to within 30 working days during Quarter 3
- 48% of complaints closed (83 of 170) were upheld/partially upheld
- 1.81% of complaints (6) were reopened (% of number of complaints received in quarter)
- 1.81% of complaints (6) were referred to the Parliamentary Health Service Ombudsman (PHSO) (% of number of complaints received in quarter)

2. Definitions

Throughout this report the term "*complaints*" is used to describe formal complaints requiring a response on behalf of the Chief Executive. All formal complaints are managed through the Trust complaints process and Ulysses Safeguard Governance Management system and are reported to NHS Digital by KO41 (formally the Health and Social Care Information Centre) on a quarterly basis.

The term "*concerns*" is used to describe informal contact through Local Resolution / PALS which requires a faster solution to issues that may be resolved in real time. These are usually concerns, queries or requests for information which do not require a detailed and formal investigation, but which may require guidance, signposting or information.

The term "*purple point*" is used to describe calls taken through the purple telephones on site, or via the external direct dial telephone line for assistance specifically for inpatients.

Staff are encouraged to attempt to resolve complaints at ward and/or local departmental level. Where required senior sisters, matrons, Consultants, and Group Director of Nursing, will be involved in resolving

the concerns as quickly as possible. Where this is not possible staff can direct patient/families/carers to the Local Resolution (PALS) and complaints team. A dedicated email address and telephone number is available for both PALS and complaints.

3. Complaints

The Trust investigates complaints in a manner proportionate to the issues raised. We aim to resolve all complaints as quickly as possible and keep the complainant informed, as far as reasonably practicable, as to the progress of the investigation and the rationale for any delays.

Each complaint is triaged by the head or deputy head of complaints. This ensures a consistent approach and an independent view of the issues raised. There is also consideration of any complaints that may identify harm, safeguarding concerns or patient safety aspects and these are escalated to the Medical Director or Chief Nurse through a weekly forum.

All complaints are expected to be acknowledged within 3 working days of receipt. A timescale to respond is identified in line with the Trust policy of 30 working days, or where necessary, negotiated with the complainant as part of the process at the start of the investigation. This is intended to ensure a realistic timescale is provided in the context of the anticipated investigation.

Complaint investigations and responses are signed off by the Group triumvirate prior to executive sign off. Learning from patient/family feedback is fundamental to our Trust approach to service improvement whilst supporting the continued journey of improving patient experience.

4. Activity and Performance

This section provides an overview and detailed breakdown of key performance and activity data for quarter 3 2020/21. It includes the number of complaints received, the number of complaints closed, response times and a breakdown of the subjects raised in complaints.

Key Performance Indicator Measures	Performance Q2	Performance Q3
Acknowledgement within 3 working days of receipt	98.4% (256 of 259)	100% (330 of 330)
% closed in line with 30 day internal Trust target	77% (153 of 198 closed)	20% (31 of 170)
% closed in line with agreed timescale	50% (>30 days (17 of 34)	11% (>30 days (3 of 170)
PHSO cases responded to in line with PHSO timescale	100% (3 of 3)	100% (6 of 6)

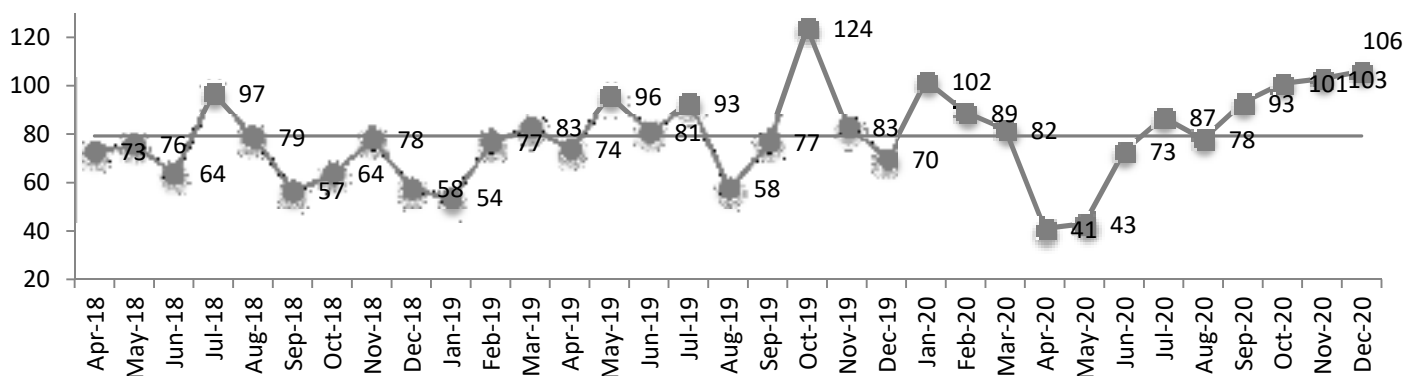
The introduction of an additional quality assurance step prior to executive sign off during quarter 2 resulted in delays for all complaint responses from September onwards. This has reduced the compliance with the Trust internal target (98%) to 20% for Quarter 3.

The reduced number of complaints closed cases, as a result of the additional quality step, coupled with the above average increase in numbers of complaints received has doubled the complaints team usual workload. As at the point of writing this report (13/01/21) the delayed cases are broken down as follows:

- 31-40 working days 44 live cases
- 41-50 working days 35 live cases
- 51-60 working days 24 live cases
- 61-100 working days 53 live cases
- 101-206 working days 16 live cases

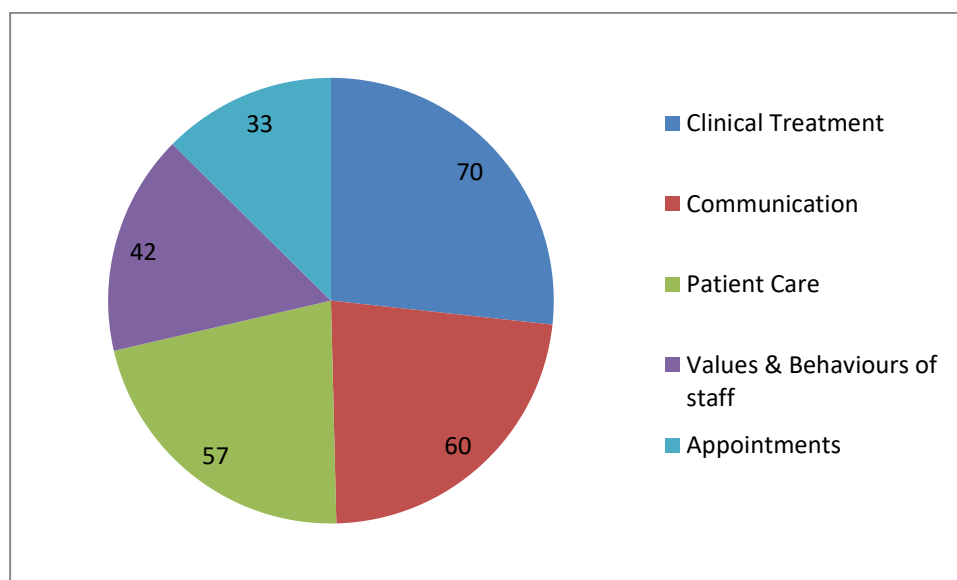
Fig 1: Number of complaints received per month (Trust wide)

Complaints - Trustwide



The reduction seen in formal complaints during April and May 2020 was at the peak of the first wave of the Covid-19 pandemic. Into the recovery and restoration period clinical areas have reinstated services and complaints have increased above average from September, prior to this current surge of Covid-19.

Fig 2: Top 5 categories of Trust wide complaints during Q3



The top categories of complaints raised in Q3 comes under Clinical Treatment (70), with the top three subcategories as Delay in Treatment (25), Inappropriate Treatment (10) and Delay or Incorrect Diagnosis (7).

The second top category of complaints raised comes under Communications; this breaks down further as Communication with Relatives (32) and Communication with Patient (13). Wards have been coming up with innovative ways of tackling the issue of communication during the quarter, such as allocating one ward staff member to undertake all communications to families after ward rounds. Such methods have been shared with Group Directors of Nursing to see if they can be adopted elsewhere and improve communications with families during this time.

The third top category of complaints raised during the quarter was under Patient Care (57). The largest categories recorded were under Failure to Provide Adequate Care (6) and Inadequate Support Provided (5).

Emerging themes / trends for quarter 3 2020/21

Whilst not within the top 3 categories for complaints, there is still a sustained theme relating to loss of patient property with 18 complaints raised during the quarter 3 period. This mirrors quarter 1 and 2 data and is a worrying trend. Group Directors of Nursing have been alerted to this issue and work is underway to identify the causes.

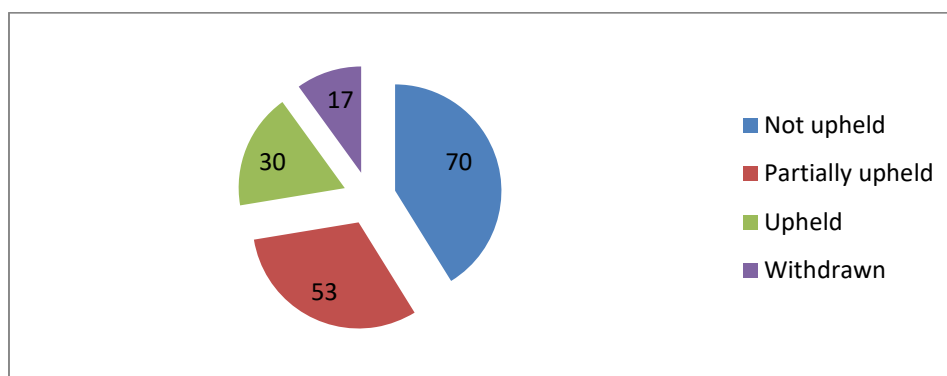
Similarly, although not within the top 3, appointments remain a strong theme Trust wide. Work was underway in the contact centre earlier in the year to improve allocation of appointments, but it should be noted that the issues raised through complaints do not just relate to the contact centre, and seem wider spread. Further analysis work is planned to pin point the issues and causes going forward.

Outcomes of complaints during quarter 3

41% of complaints (70) closed during the period had an outcome of Not Upheld. 48.8% of complaints (53 Partially Upheld and 30 Upheld) had an outcome of Partially Upheld or Upheld and 10% of cases (17) were withdrawn.

The reasons for cases being withdrawn in quarter was as a result of the complainant achieving satisfaction (either because an apology has been offered from staff or via resolution by intervention from the PALS service). Other cases were withdrawn as consent from the patient was not given.

Fig 3: Complaint Outcomes quarter 3



Reopened cases

Trust wide, during quarter 3 2020/21 reopened cases totalled 6 out of 10 complainants who contacted the Trust. This compares to 18 reopened cases during quarter 2 2020/21 and 9 during the same period in 2019/20.

When a complainant returns to the Trust, a review is undertaken of each case to consider if aspects of the investigation or sign off process were flawed, or if any other factors affected the case. A decision is taken as to the options available. When a complaint has not been fully addressed first time, this will be reopened. The reasons for cases being reopened are shown in figure 5.

Fig 4: Reopened cases received from Q2 2018/2019 – Q3 2020/2021.

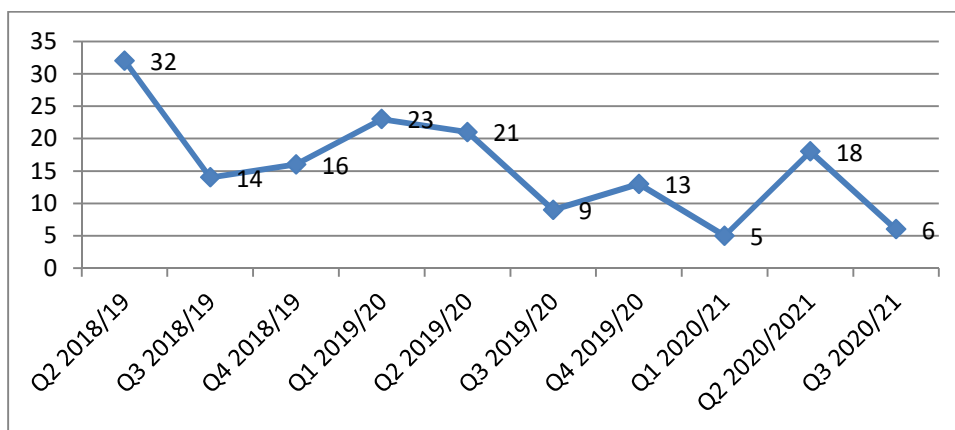
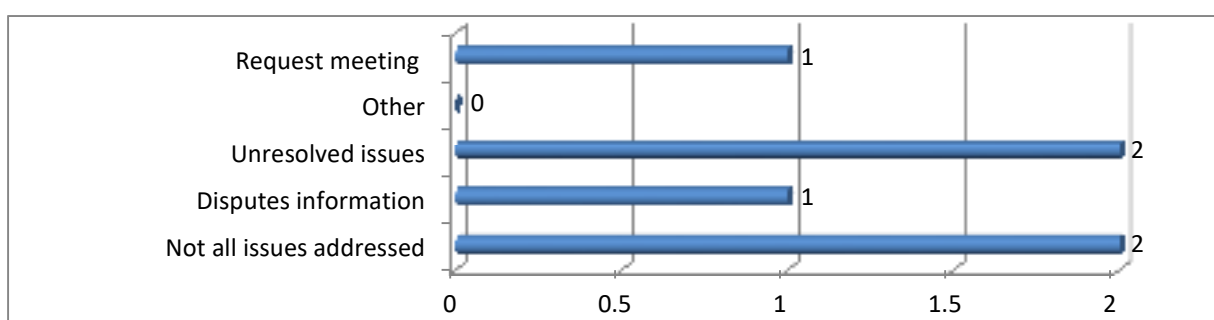


Fig 5: The Trust has seen 2 cases reopened in the quarter in relation to “unresolved issues” and “not all issues addressed”.



Parliamentary and Health Services Ombudsman enquiries

During quarter 3 we have received contact from the Parliamentary Health Service Ombudsman (PHSO) on 6 new cases:

Case ID	Date PHSO received	Concerns PHSO investigating	Current Position
C19/0206	26/10/2020	Concerns re care and treatment of patient prior to death from elderly care.	Records disclosed and awaiting outcome of investigations.
C19/0044	12/11/2020	Concerns re care and treatment prior to discharge under respiratory medicine.	Records disclosed and awaiting outcome of investigations.
F18/0146	10/11/2020	Concern re care and treatment during rehabilitation of patient under Surgery / D47.	Records disclosed and awaiting outcome of investigations.
C19/0380	04/11/2020	Concerns re care and treatment of patient D17.	Records disclosed and awaiting outcome of investigations.
C19/0337	07/10/2020	Concerns re care and treatment from BMEC.	Records disclosed and awaiting outcome of investigations.
C19/0193	01/10/2020	Concerns re care and treatment under Gynaecology.	Records disclosed and awaiting outcome of investigations.

The PHSO “paused” their complaints process from March – July 2020 to allow front line NHS staff to dedicate time to manage the Covid-19 pandemic. The Trust saw an increase in referrals from the PHSO following this pause.

The complaints team support the Groups with preparation of all action plans following PHSO recommendations. These are encouraged to be discussed at Group Governance meetings, and all current action plans are within timescales at the point of writing this report.

The complaint network has reported there are no new plans to pause either the complaint or PHSO process a second time during the pandemic.

Compliments

Compliments are rarely forwarded through to Governance for logging centrally. Those that are logged are included in PALS and purple point data at this time.

Compliments – Local reporting

The complaints team launched a portal in October 2020 available to staff to input their local compliments received at ward level, to provide a more rounded and fuller picture of feedback for each ward. From the number of compliments logged during quarter 3 (see PALS data in this report), this portal is certainly being utilised by services.

The portal is available when logging into **Incident Reporting** from Connect, click the Orange **Complaints & Compliments box** and then look for **Compliments** (orange box) on the left hand side.

Staff need to only specify via drop down boxes:

- 1) What ward they are from;
- 2) What form the compliment takes (i.e. card, or box of chocolates etc); and,
- 3) Who it came from such as “from a patient”.

A report has been developed and is available via **Safeguard Reports** to enable ward managers and local staff to review activity in their area. This will also include any compliments logged corporately. If staff are unable to access the form, they are being directed to contact caroline.burgin@nhs.net for resolution.

Learning from complaints

From quarter 3 onwards, formal action plans are to be completed at the same point as complaint investigations are completed. Action plans will be submitted with draft complaint responses for quality assurance, and will add to strengthen the learning from complaints going forward. Some examples of actions and learning arising are included below:

Case ID	Directorate / Group	Action / learning arising
C20/0009	PCC&T / IBEDS	Staff have been reminded that when recording retrospective entries, any reference to recent conversations should accurately reflect the time

Case ID	Directorate / Group	Action / learning arising
		and date the conversations took place. Staff to be mindful of their communications with family members and to be clear and concise in the information being shared. Matron has arranged a Study Day on the grading of pressure sores for staff at Rowley Regis Hospital to ensure staff are recording, grading and treating pressure sores in a consistent and appropriate manner.
C20/0315	PCC&T / Acute & Community Paediatrics	The process for confirming acknowledgement of appointment cancellations is being reviewed.
C20/0330	Surgery / BMEC ED	The service manager has reminded all of our Screening Teams who provide the masks, Reception Staff and Security Staff, about the policy and that this must be applied consistently and that everyone who enters the building should be asked politely to change their mask.
C20/0334	W&C Health / Gynaecology	Matron spoke to consultant surgeon involved in relation to operation notes and the topic was also discussed at the Quality Improvement Half Day session on 8 October 2020.
C20/0338	M&EC / ED	Deputy Group Director of Nursing will reiterate the Manchester triage principles with the nursing team and also the need to monitor patient vitals on arrival to the department.

Complaint feedback questionnaire

The feedback complaint questionnaire went live in June 2019 via text. As the initial response rate failed to increase, on 1 June 2020 the text survey was stood down and replaced by an e-survey. At the end of each month complainants who have received their complaint response are asked, via an email link, the questions shown below. This method of feedback will be evaluated to measure the response rate. During Quarter 3 21 survey invitations were sent to complainants and users of Purple Point. The survey has achieved a 4% (1) response rate during the Quarter.

The questionnaire has been utilised to raise further complaints or reiterate concerns rather than rating how informed the complainants were about the process or if the response reflected their issues. As the questionnaire is completed anonymously, it can prove challenging to identify the complainant. As a result, complainants are given the option to provide their own contact details to discuss any concerns further, and they are also provided with the team contact details. Consideration is also being given to the wording of the questions asked on the questionnaire.

The current questions asked of complainants are shown below, with quarter 3 response rates thereafter:

1) Did you feel the Trust listened to your concerns?

Positive 0% () Negative 4% (1)

2) Do you feel your contact has made a difference?

Positive 0% () Negative 4% (1)

3) Were you satisfied with how we responded to you?

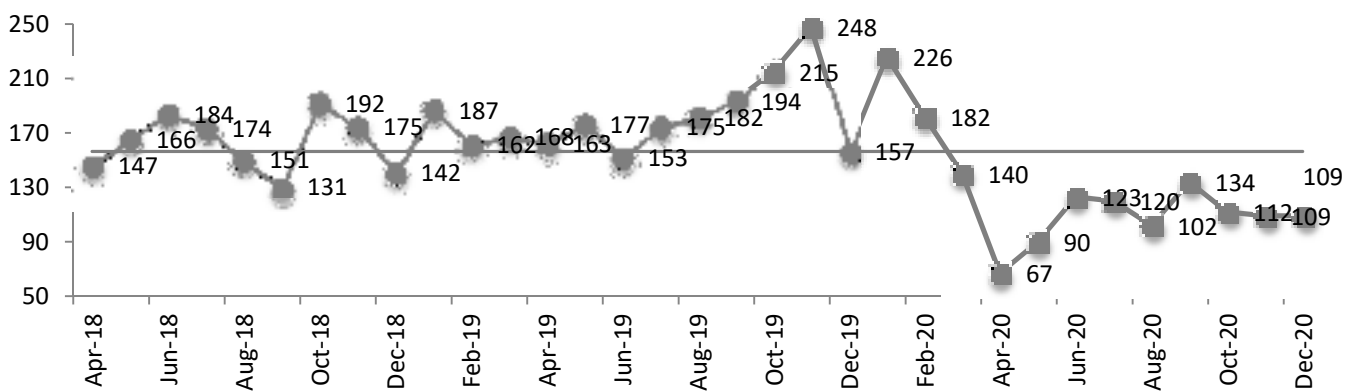
Positive 0% () Negative 4% (1)

The last field allows comments to be submitted.

5. Local Resolution (PALS) and Purple Point Trust wide

Fig 6: Number of PALS received per month (Trust wide)

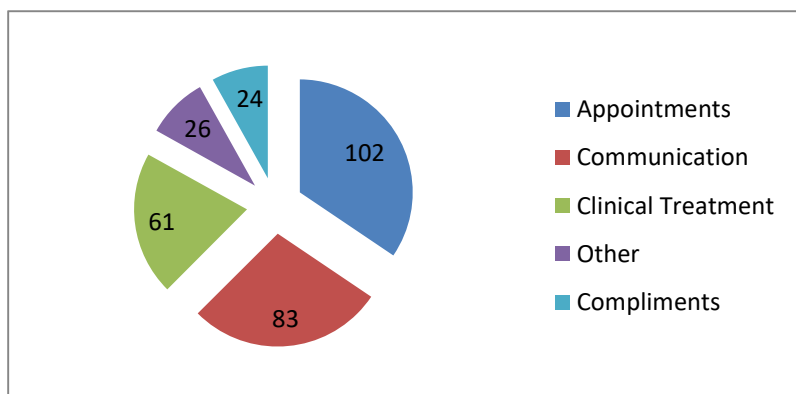
PALS Concerns - Trustwide



The highlighted reduction seen in PALS calls from April 2020 onwards is at the start of the first wave of the Covid-19 pandemic. The number of calls have yet to return to pre-Covid levels.

PALS case themes Trust wide are similar to those received through formal complaints. The categories are shown in the pie chart below for quarter 3, and further broken down as follows:

Fig 7: Top 5 categories of PALS Trust wide during Q3



The top 5 themes of PALS categories received during Quarter 3 were Appointments (102), Communication (83) Patient 28 / Relative 29, Clinical Treatment (61), Other (26) Loss of Property (13) and Customer Services (8) and Compliments 24 – a significant increase of compliments from the use of the Portal introduced in October 2020.

Fig 8 Top PALS categories Appointments / Clinical Treatment broken into 5 largest sub-categories

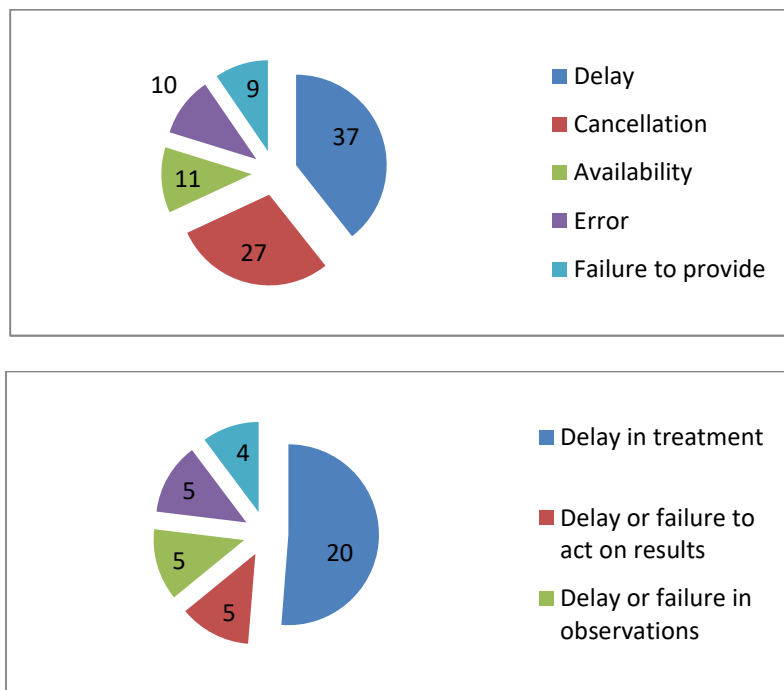
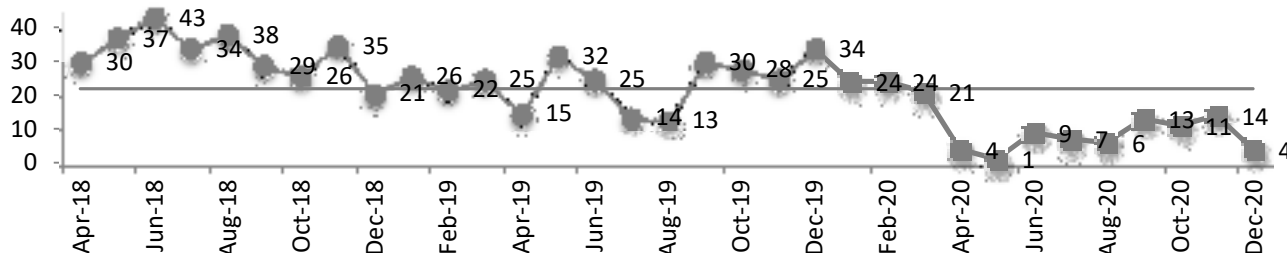


Fig 9: Number of purple point calls received per month (Trust wide)

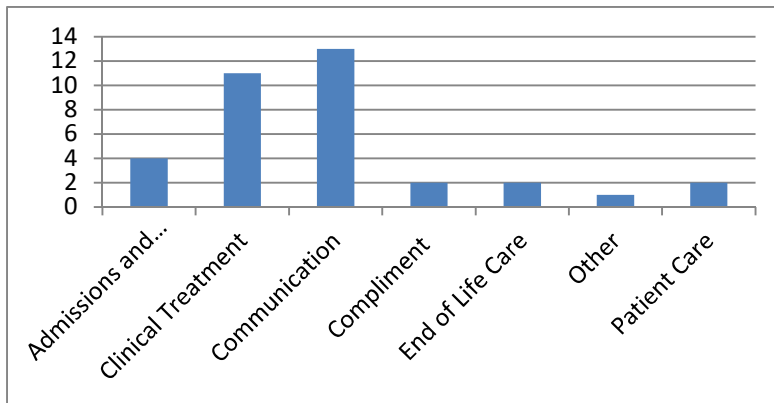
Purple Point - Trustwide



The highlighted reduction seen in purple point calls from April 2020 onwards is from the start of the first wave of the Covid-19 pandemic. The numbers have yet to return to pre-Covid levels.

Interestingly, 97% of purple point calls received during quarter 3 originated from an outside telephone number or via a personal mobile telephone and not from the purple telephones available across sites. From 1 April - 30 September 2020 79.3% of all purple point calls received came from outside telephone numbers or via personal mobile telephones.

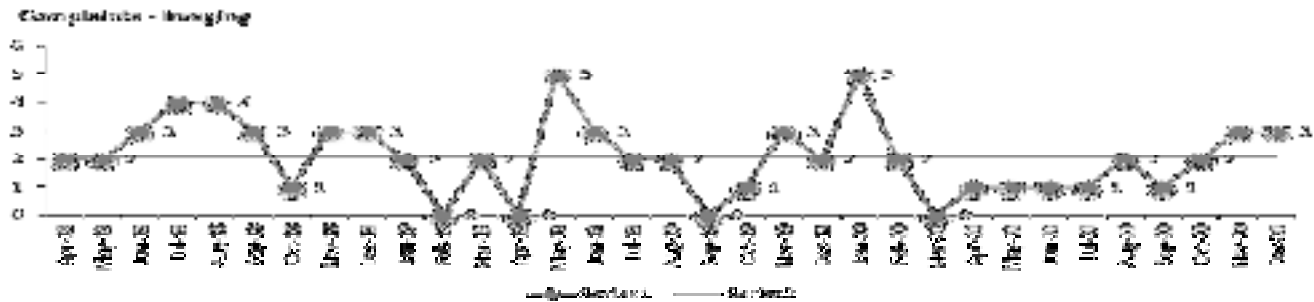
Fig 10: Purple point calls themes during quarter 3



6. Clinical Groups complaints, Local Resolution (PALS) and purple point

6.1 Imaging

Fig 11: Imaging Complaints received



An overall reduction in complaints has been seen from March 2020 onwards, which coincides with the start of the pandemic.

Fig 12: Categories of Imaging complaints received 2020/21 to date

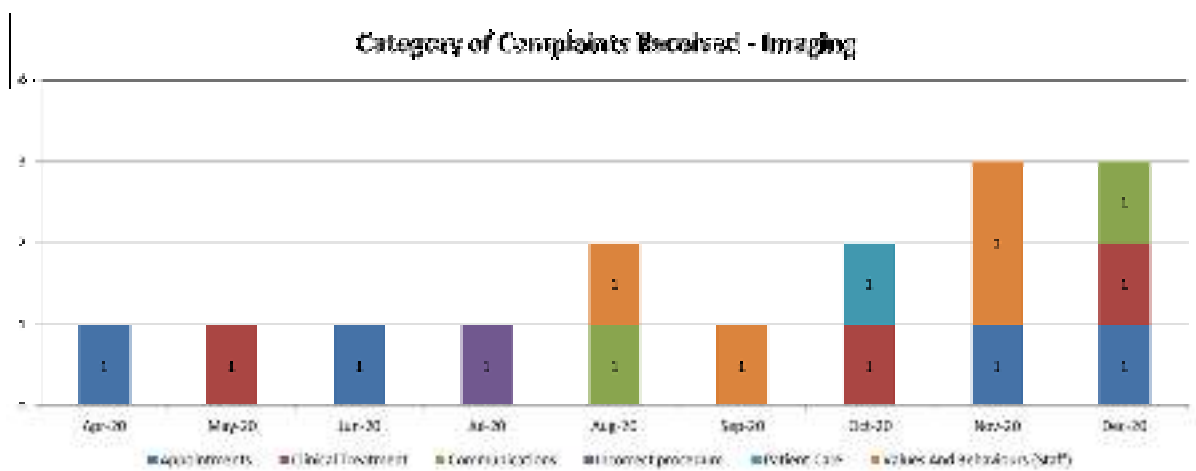
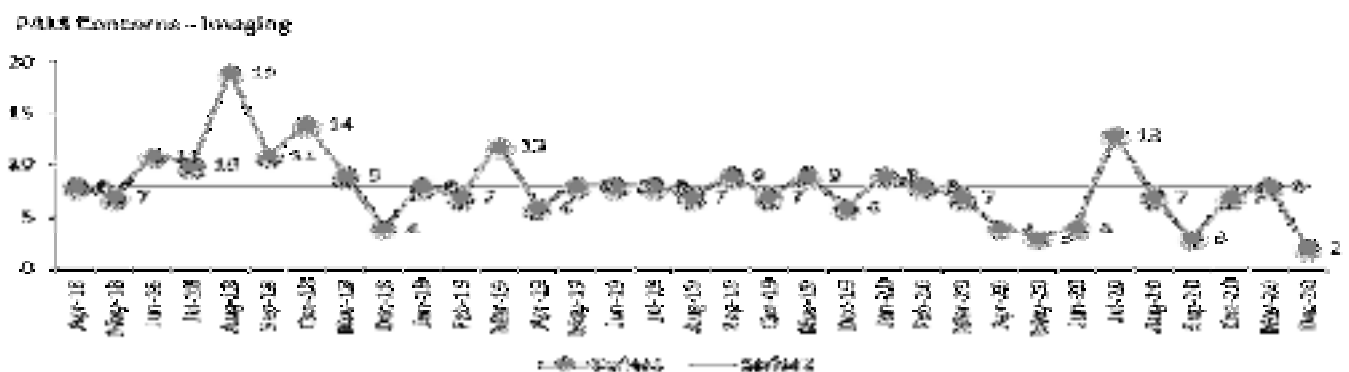
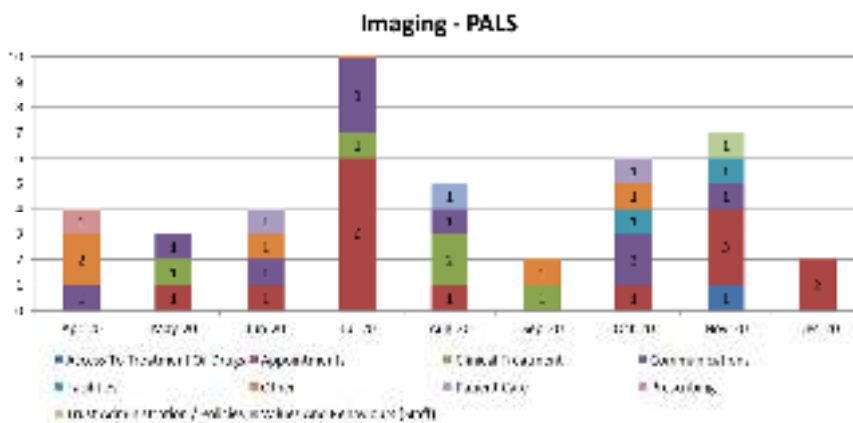


Fig 13: Number of Imaging PALS received per month



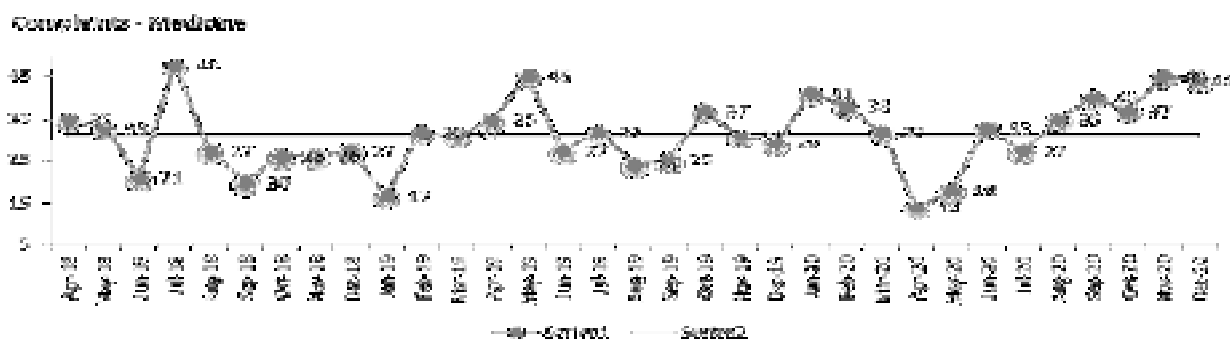
There have been no purple point calls for Imaging for over 12 months.

Fig 14: Imaging PALS themes



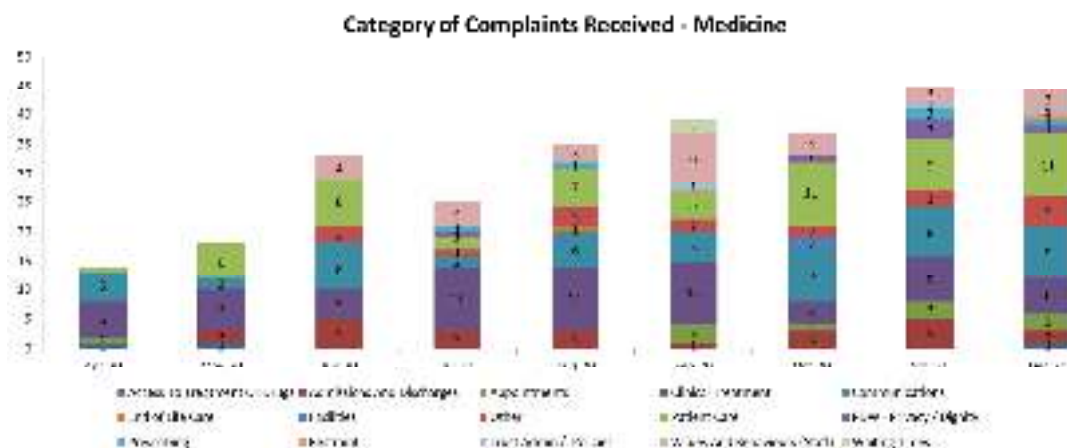
6.2 Medicine & Emergency Care

Fig 15: Medicine & Emergency Care Complaints received



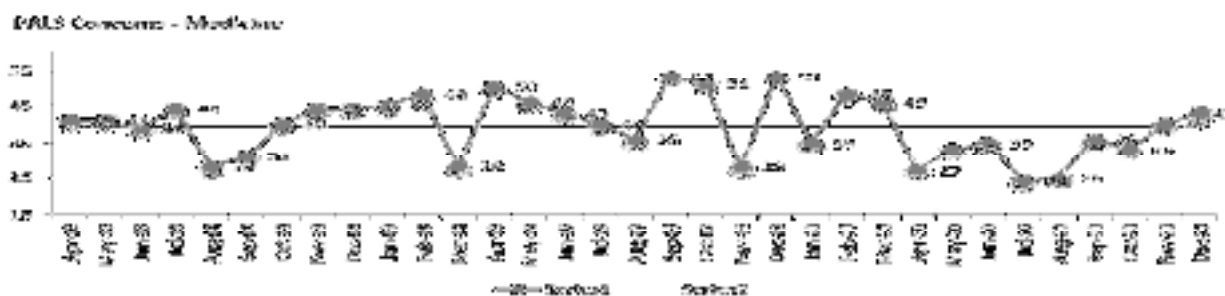
A reduction in complaints was seen in March 2020, in line with the Trust wide reduction in the first wave, numbers have subsequently returned to pre-Covid19 levels.

Fig 16: Medicine & Emergency Care categories of complaints received



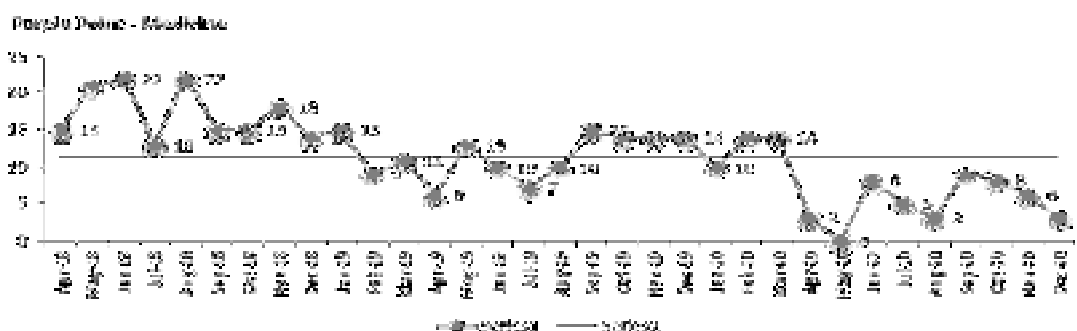
During quarter 3 the largest number of concerns received were in relation to Patient Care (31), Communications (27) and Clinical Treatment (18).

Fig 17: Number of PALS received per month



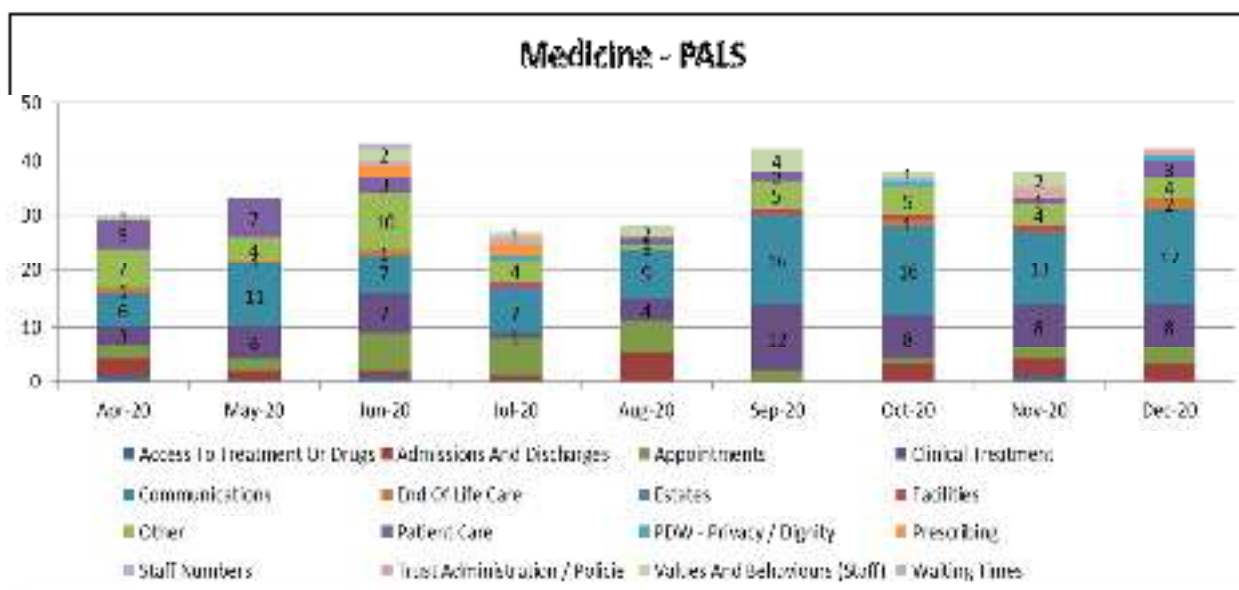
Activity has reduced in line with when Covid-19 first wave impacted; it has yet to return to pre-Covid levels.

Fig 18: Number of purple point calls received per month



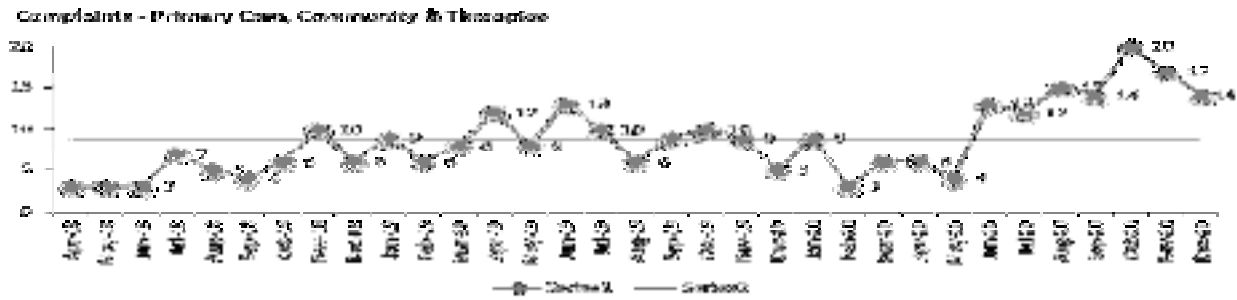
Like many other measures, Covid-19 reduced the use of purple point calls from April onwards, they have yet to return to pre-Covid levels.

Fig 19: Medicine PALS & purple point themes



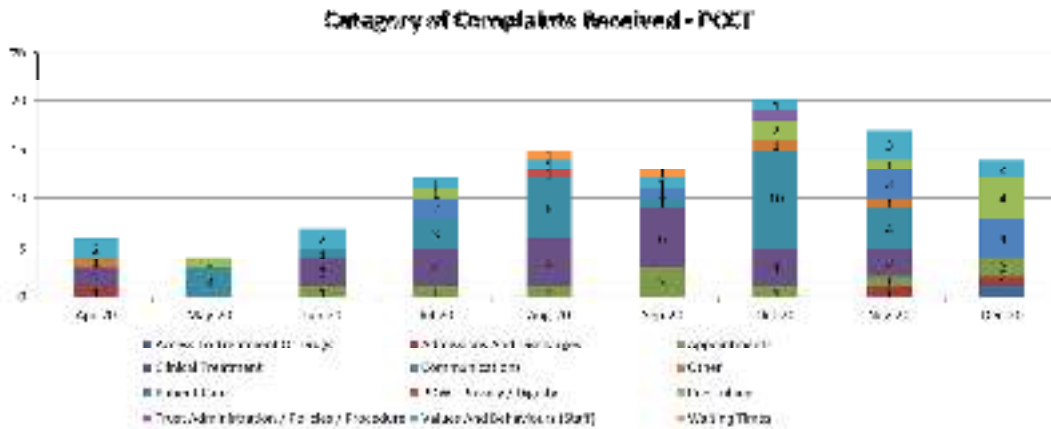
6.3 PCC & T

Fig 20: PCC & T Complaints received



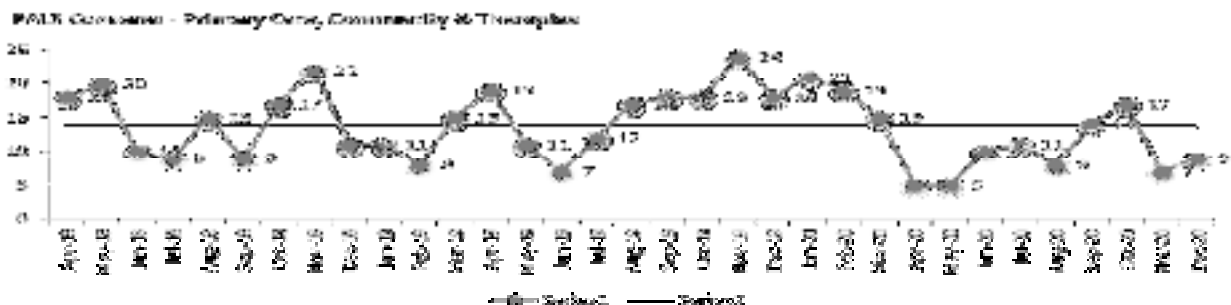
A reduction in complaints was seen in February 2020. Numbers have subsequently returned to pre-covid levels and are higher than average. Following the arrival of YHP in April 2020, a review of the first 6 months complaints numbers and themes was undertaken by PCC&T and discussed in depth at the Governance Board.

Fig 21: Categories of complaints PCC&T



The largest number of complaints came under Patient Care (15) in quarter 3 with the second and third largest under Communication (8) and Appointments (4).

Fig 22: PCC & T Number of PALS received per month



Contacts were very low during April and have yet to recover to pre-Covid levels.

Fig 23: Number of purple point calls received per month

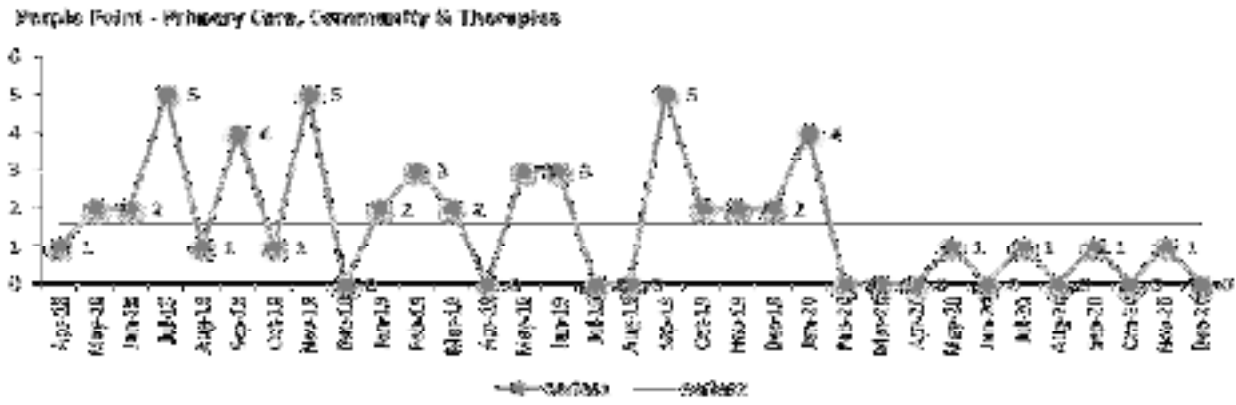
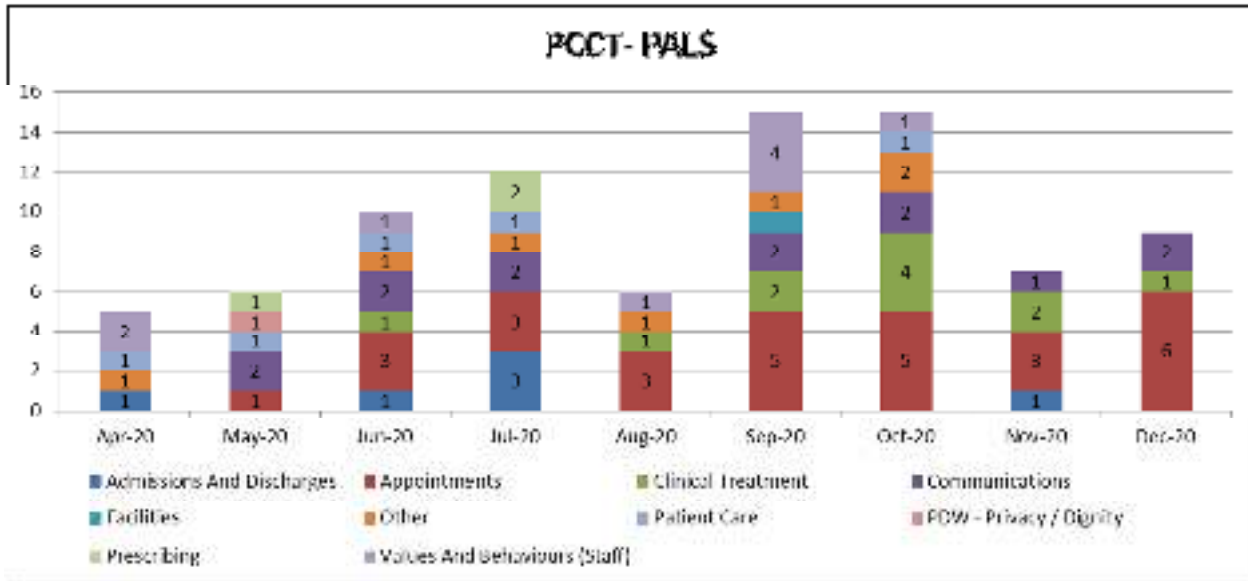
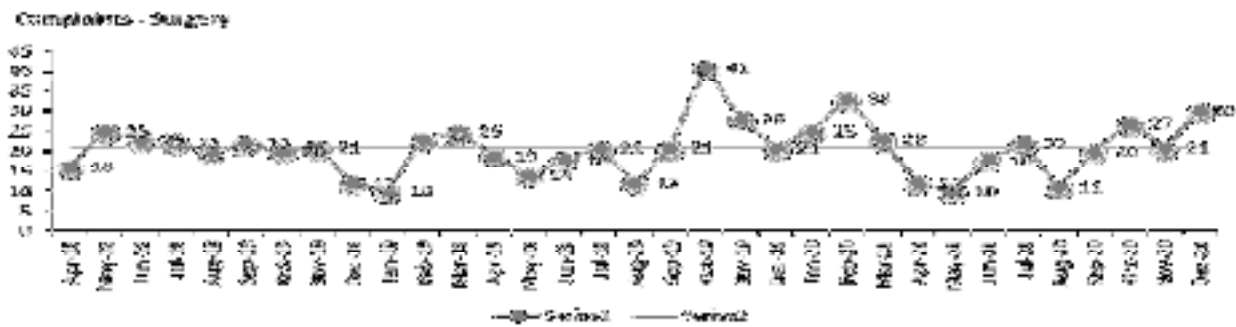


Fig 24: PALS and purple point categories.



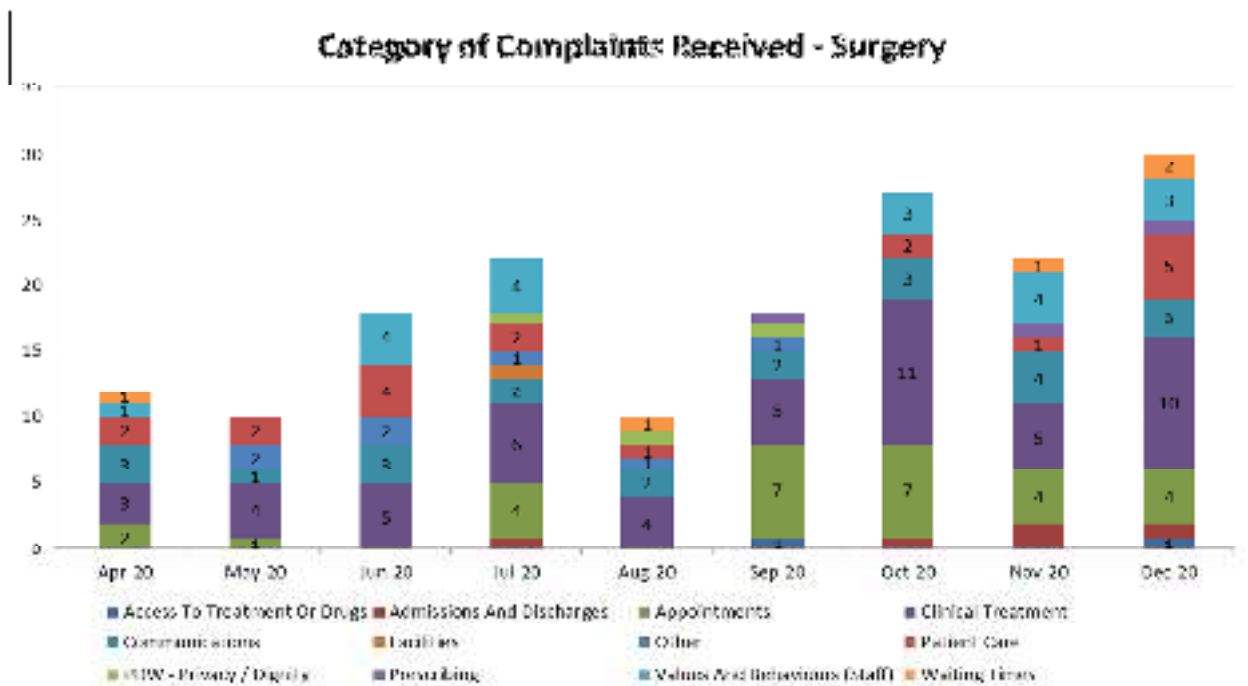
6.4 Surgery

Fig 25: Surgery complaints received



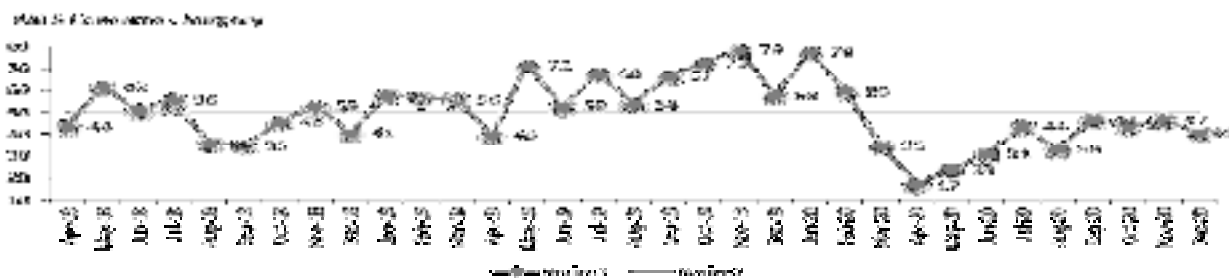
A spike in complaints was seen in October 2019 and February 2020. When reporting to Group at the time, although increased numbers were seen, the themes and trends remained the same as usually received. Following the reduction of complaints during the first wave of the pandemic, numbers have since recovered and are now higher than average.

Fig 26: Categories of complaints Surgery



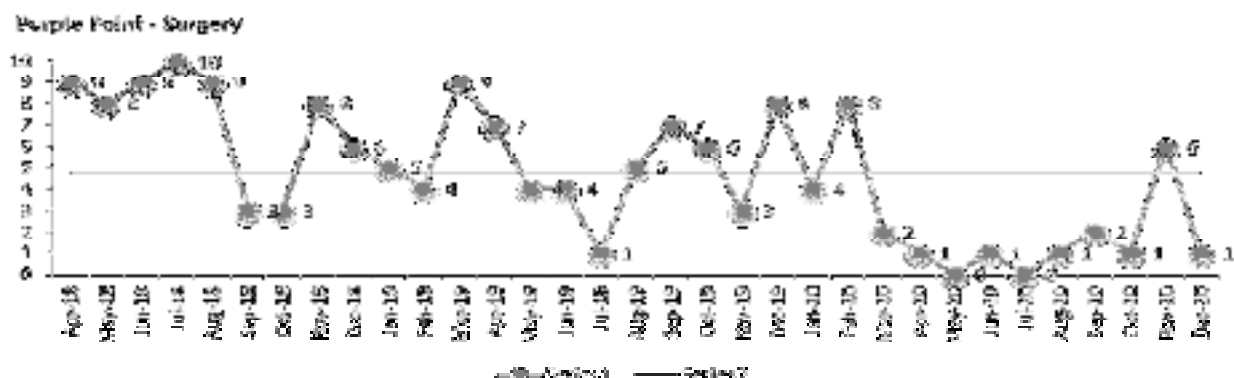
The largest number of concerns raised in quarter 3 relate to Clinical Treatment (26), Appointments (15) and Communication (10).

Fig 27: Number of PALS received per month

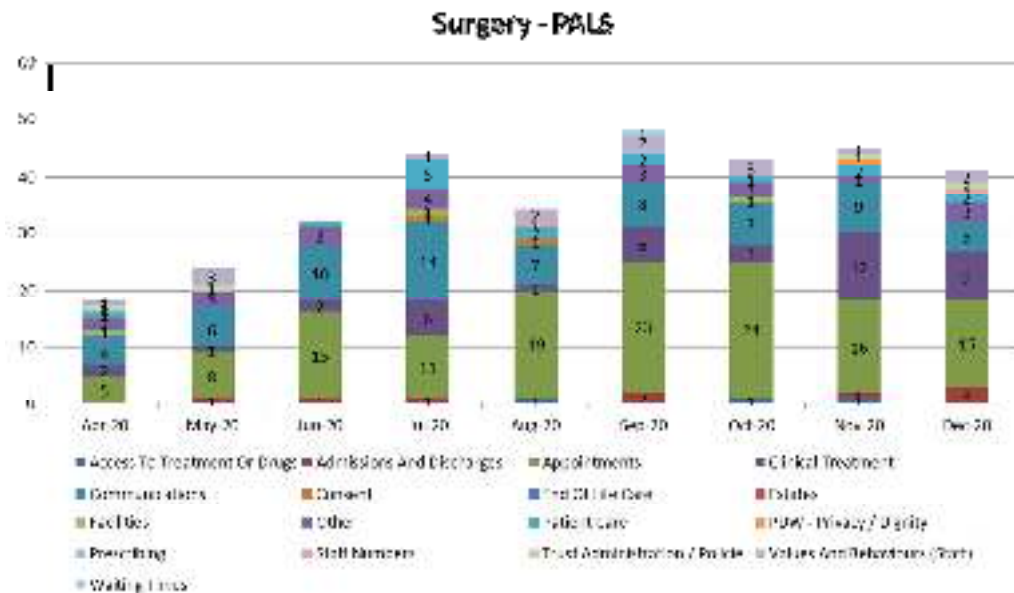


At the start of the Covid-19 period the contacts reduced and have not yet returned to pre-Covid levels.

Fig 28: Number of purple point calls received per month



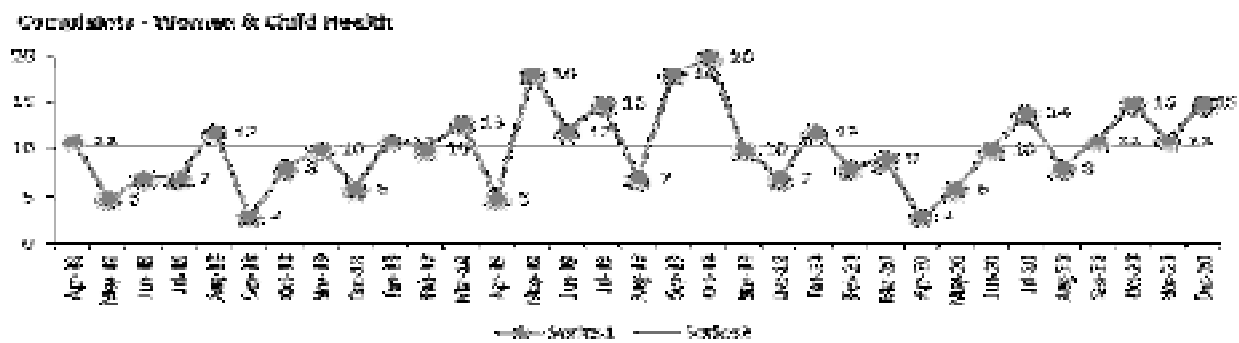
Purple point calls have remained low since March 2020 onwards.



The highest number of categories of PALS received during quarter 3 were under Appointments (55), Clinical Treatment (24) and Communication (21).

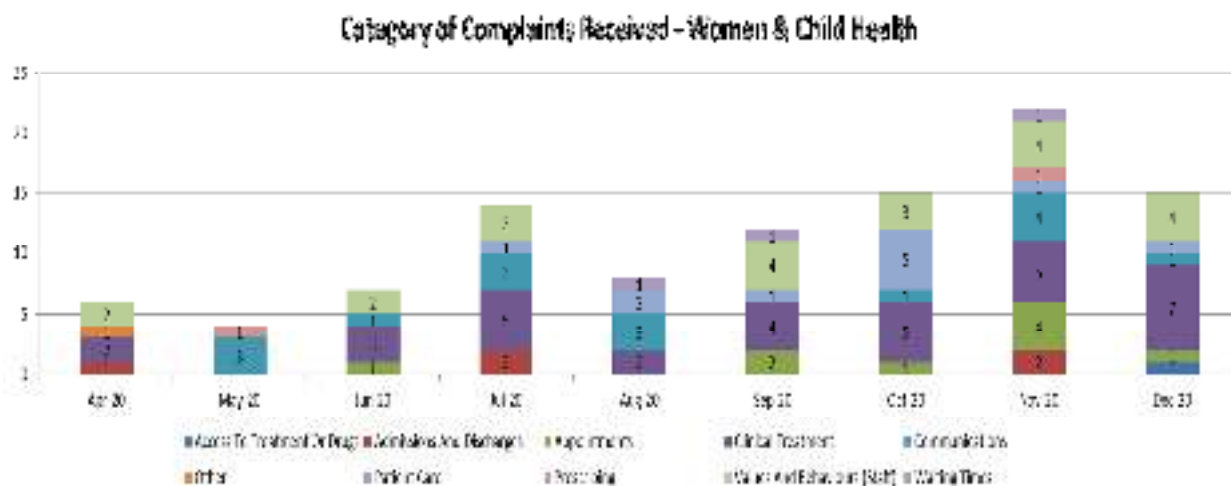
6.5 Women and Child Health

Fig 30: Complaints received Women & Child Health



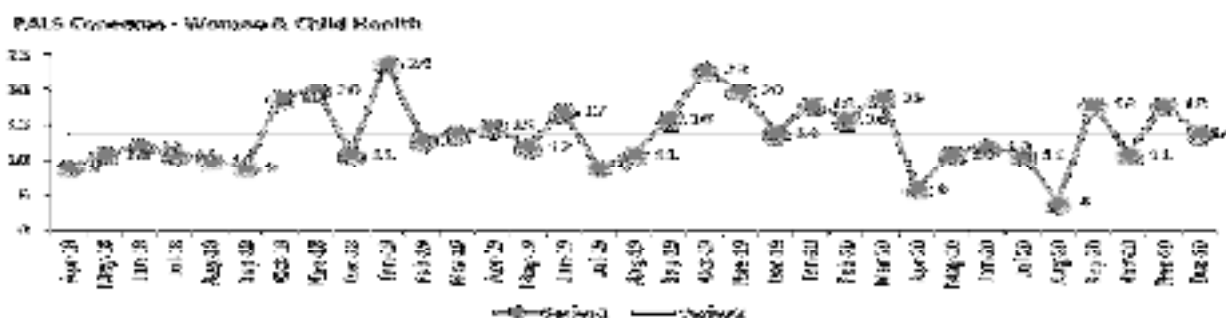
A reduction in complaints was seen in April 2020, numbers have subsequently returned and to pre-Covid19 levels.

Fig 31: Categories of complaints Women & Child Health



The largest number of concerns raised in quarter 3 were in relation to Clinical Treatment (17), Values and Behaviours of Staff (11) and Appointments (6).

Fig 32: Number of PALS received per month



Contacts dipped in April and recovered thereafter, however a further reduction in August may be as a result of the holiday period, but have increased from September.

Fig 33: Number of purple point calls received per month.

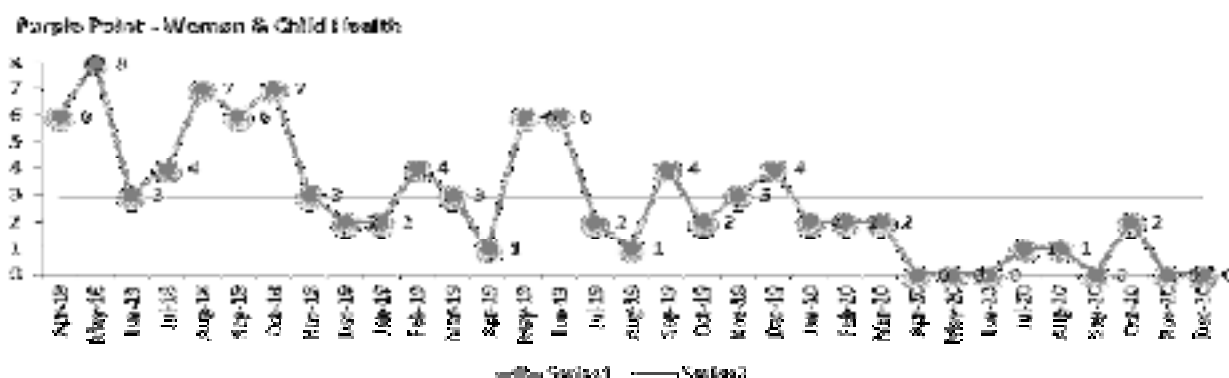
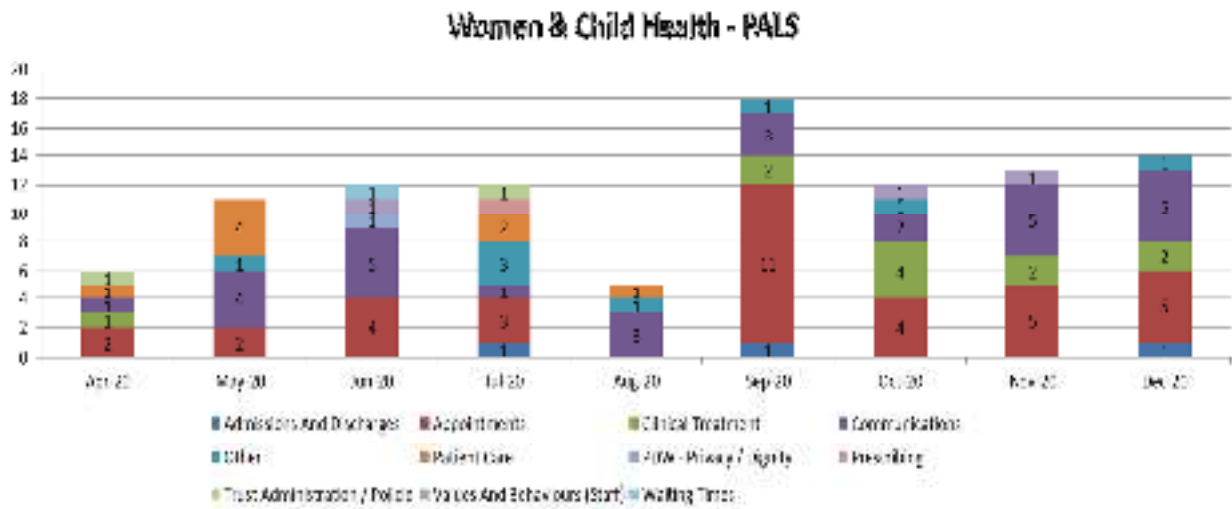


Fig 34: Categories of PALS and Purple point calls received.



Report author Caroline Burgin

Dated 13/01/21