

# **ANNUAL COMPLAINTS REPORT**

**2020/21**

**RETROSPECTIVE  
PERFORMANCE  
LOOKING FORWARDS**

“All patients, from every background and walk of life, will experience the same **world-class standard of care** at UHS”



# INTRODUCTION

**Ellis Banfield**  
**Head of Experience & Involvement**

We often get overly focused on functional responses to learning from complaints by looking for specific actions and improvements we can make. Although this is important, a deeper value of complaints is how we, as an organisation, listen. Sometimes in the attempt to identify actions, improvements, and emerging trends, we risk overlooking what a complaint is – a highly personal and individual expression of feeling. Anger and sadness, yes, but also vulnerability, doubt, and fear. Many complaints are a subjective account of an experience of care that has left the individual feeling that they have no other way to make themselves heard. This is the deeper value of complaints – a measure of how much we, as an organisation, are prepared to properly listen to somebody who wants, quite simply, to be heard.

Our complaints process tries to balance the need to identify actions to improve care with the ability to listen, reflect, and recognise that each and every one of us can learn from the experiences of others. The questions we, as an organisation, need to ask are whether we are willing to make ourselves uncomfortable by listening authentically to experiences that aren't good: are we willing to listen, to hear, and to validate experiences that find us falling short? When I reflect back on our complaints process, on our PALS service, on our patient feedback and involvement channels, I do really think that 'we're listening' in the best possible way.

## Impact of COVID-19

One of the biggest impacts of the pandemic was on how quickly and effectively we were able to manage and respond to complaints. On the chart below, the improvement made to the complaints process at the beginning of 2019 was maintained consistently until COVID-19 struck and complaints management was paused nationwide in May 2020. Getting back on track took the best part of half a year as the backlog stretched the team's resources.



We have a fantastic complaints team, and we are now ready to build on some of our successes of the past year and work towards delivering a 'best in the NHS' complaints service. I'm immensely proud of how the team have responded in 2020/21 and look forward to supporting them through the next year.

Please note that due to the impact of the pandemic, there were no upheld Parliamentary & Health Service Ombudsman cases in 2020/21.

# MEET THE COMPLAINTS TEAM

*Working together to put patients first*



Vicki Havercroft-Dixon

## Head of Patient & Family Relations

*"I'm responsible for the complaints, PALS, and bereavement teams and this gives me a good view of concerns and complaints to pick out themes and opportunities for learning"*



Shona Small

## Complaints Manager

*"I am the Trust's complaints manager and my role is to ensure that complaints are managed efficiently, within agreed timescales, and to a high standard"*



Hayley Yeomans

## Complaints Coordinator

*"My role is to act as the main point of contact for both the complainant and staff involved. I listen to the complainant's concerns and agree with them what needs to be investigated"*



Clare McCormick

## Complaints Coordinator

*"What I enjoy about the role is being able to empathise, and build trust and understanding to support patients, families, and carers in achieving the best chance of resolution"*



Ellen Millard

## Complaints Editorial Assistant

*"My job involves drafting, editing, and proofreading response letters to ensure that they are easy to understand, contain relevant information, and strike the right balance between fact and empathy"*



# LOOKING BACK AT THE PAST YEAR

Although the past year has been challenging, we are really lucky that my team are experienced and extremely good at what we do: each complaint coordinator is a qualified complaints investigator and our editorial assistant is qualified and accredited in her field. This expertise has helped us respond to the consistent challenges of the pandemic.

We have worked hard during COVID-19 and we have all adapted to working from home by maintaining good relationships. We pride ourselves on our good communication through Teams, emails, and phone, but also our regular 'walk and talk' meetings that we do outside to ensure we are all supported.

We have maintained good productivity levels despite the impact of the pandemic, the loss of onsite office space, and team members being seconded to short-term projects. We are continually reviewing how best to deliver our service, and we've managed to get back on track following a significant backlog of complaints due to the pandemic.

## Key achievement

We had the opportunity in 2020 to recruit to a new role – a first in the NHS, to our knowledge – of a complaints editorial assistant. This post brought into the team professional and accredited proofreading, editing, and writing experience that has elevated the quality of our written responses even further.

## Evaluating our service

One of the things we've done over the past year is to try to get feedback from complainants about the complaints process. In 2019 we ran an extremely valuable patient complaint panel where service users helped us to review our processes and identify improvements. We've recently launched a complaints survey that all complainants have the opportunity of completing. Although responses are limited, we have seen that:

- All respondents reported being given a single point of contact for managing their complaint
- 91% of respondents said they felt confident their care would not be affected by making a complaint
- 82% said they felt listened to and taken seriously
- 27% felt they could have been kept better informed – an impact, perhaps, of the pandemic
- 91% said the response they received was personal and specific to their concerns

I look forward to building on these results in the coming year as we work to get fully back on track and continue to deliver a high-quality complaints service.



Shona Small  
Complaints Manager

## In numbers



345  
Complaints  
received



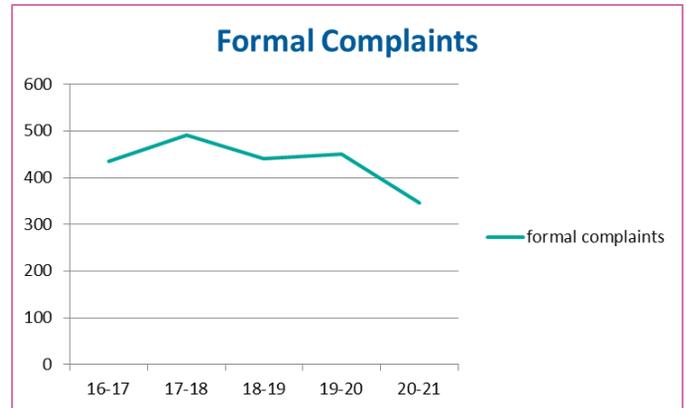
32  
Working days on  
average to respond



23  
Dissatisfied and  
reopened  
complaints

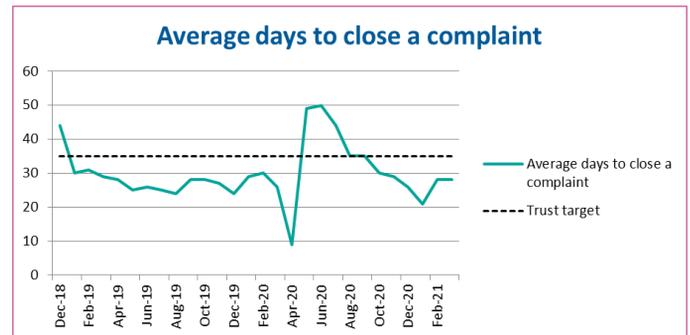
## Complaints received

Prior to 2020/21, the Trust received an average of 450 complaints a year. During the pandemic year **345** formal complaints were received – a drop of 105 compared to the previous year. This reflects the response to the pandemic, lower patient numbers due to suspended services, and a national pause on complaints management. The biggest drop-off occurred in the first quarter of the year, before the rate of complaints steadily returned to pre-pandemic numbers.



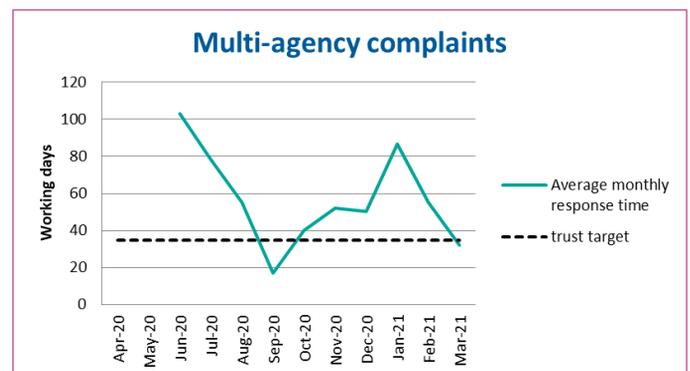
## Complaints management

The national pause to complaints management had an unavoidable impact on response times. A backlog of complaints, from before the pandemic and during, needed to be cleared and this work is reflected in the drop in the numbers of complaints being closed within 35 working days in the first 6 months of the year, where it took an average of 37 days to close a complaint. In the second half of the year, the team got back within target and averaged 27 days per complaint.



## Multi-agency complaints

Historically, multi-agency complaints (those involving multiple organisations) have always been more challenging to manage as each organisation has different timeframes and priorities. The pandemic has made these even more difficult to complete in a timely manner. In June 2020 we decided to record these complaints separately to better monitor them. From June 2020 to March 2021, we responded to these with an average response time of 57 days – 25 days longer than internal complaints.



# THEMES AND TRENDS

We received 345 formal complaints in 2020/21 and trying to find themes and trends within and across 345 very individual experiences is challenging. We report our complaints data to NHS England every quarter and submit a breakdown of complaint themes according to nationally-defined categories: communication, clinical treatment, access to services, and more. Although the categories help reporting, to understand the concerns being raised, a deeper dive is required.



**Ellis Banfield**  
Head of Experience & Involvement

One of the most prominent things that jumps out of a review of our complaints is how complaints often have multiple themes within them. For example, some of our patients had reason to complain as they felt their diagnosis was delayed and their symptoms not recognised early enough. Woven into these complaints are concerns about communication, both its timeliness and its empathy, as well as other aspects of care, such as pain management. One aspect of a complaint is often the driver behind others: poor communication or pain management often influences how other elements of care are experienced and reported within complaints. It is clear when reading these letters that these different aspects of complaints are often so interlinked and interrelated as to make simple categorisation challenging.

Clearly the pandemic was the ever-present backdrop to all our activity over the past year and the complaints we received reflect this vividly. COVID-19 and the response to it put strain on the important partnership between patients, staff, and families and this effect is unmistakable in many of our complaints. The visiting restrictions put greater focus on the need to communicate effectively and clearly with both patients – many deprived of immediate family support during care and treatment – and families, who were at a distance outside the hospital. While we implemented initiatives such as virtual visiting, a messaging service, and a patient drop-off property pod, we did not always get it right and keep patients and families connected in the way they wanted. Our complaints evidence the challenges for families in contacting the ward, being involved in discussions about treatment, and being kept up-to-date about their relative's care. Our responses from staff document just how challenging it was working in the hospital during the pandemic but testify to their ongoing commitment to getting it right for patients and their families.

Respecting religious rites and customs, especially at the end of life, in death, and in bereavement, is immensely important to us, but we also had to learn and adapt our practices in response to COVID-19 and the need to ensure we remained committed to helping our patients of different faiths. Feedback in our complaints have helped us achieve this: for example, in response to a complaint about preparation of bodies for Islamic funerals, Siraj, our spiritual care manager and Muslim chaplain, will now be teaching this at nurse study days.

Visiting restrictions proved challenging for patients, families, and staff. The complaints, for example, from adult children about their parents admitted with dementia and other vulnerabilities expressed a clear worry about ensuring the care was appropriate for their parent, but also highlighted feelings of helplessness and detachment. Attempting repeated calls to wards for updates proved frustrating for families and staff alike, and in some instances intensified communication problems. We continued to evolve our visiting policy both on feedback from families and staff, as well as aligning with national policy and guidance. We tried to ensure that compassionate visiting was offered and introduced a range of support for carers to continue to be involved and support the delivery of care.

# THEMES AND TRENDS

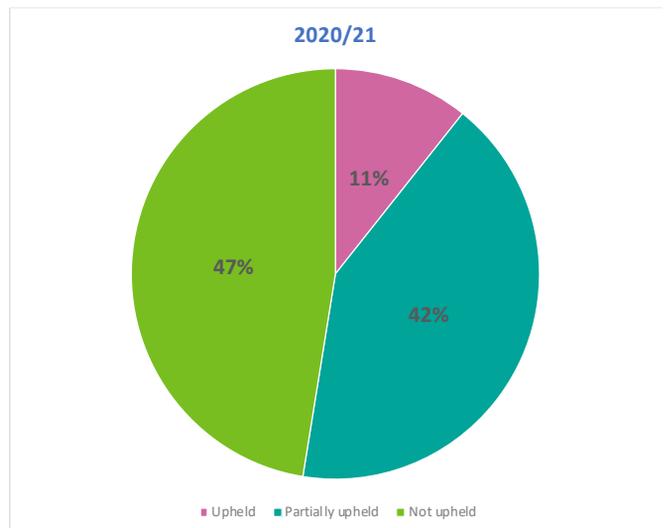
Our response to the pandemic also had an impact seen in some of our multi-agency complaints. These complaints highlighted situations in which patients and families were often given different information by different care providers. For example, a relative being told by the GP they would be able to travel in the ambulance with their parent only to be told this wasn't allowed by the ambulance crew, compounded by no information being provided on admittance about what support was available at hospital. Navigating through each organisations' processes and policies was clearly challenging for the relative and highlights the importance of thinking about the interconnectivity of organisations through the healthcare system.

Some of our most challenging complaints were those involving the end of life, as although all our staff are completely committed to getting it right for patients and families, on the occasions when things do go wrong, the impact can be deep and traumatic. Delayed treatment, the impact of hospital-acquired COVID-19, and unexpected or rapid deterioration leading to death all greatly impacted families and staff involved in care. There were occasions where communication was perceived to fall short, and where families felt outside the decision-making process and not empowered, such as during DNACPR discussions and decisions. In our investigations and responses we were not always able to agree with the complainant's views, but we recognised the emotional distress bereavement can cause and explained our position clearly, empathetically, and signposted to further support and advice.

We've taken learning from these complaints and have adjusted our visiting policy, looked at availability and timeliness of anticipatory care plan drug prescriptions, and sought to redouble our efforts to keep families involved. We relaunched our end of life care programme board in late 2020 to provide assurance, oversight, and learning, review complaints and hear directly from families about their experiences.

## Upheld complaints

In every complaint we investigate, we look at whether we can uphold the complaint (agree with the complainant on all points of concern), partially uphold it (agree on aspects of concern), or not uphold it (where we find no failings and cannot agree with the complainant). The chart to the right shows how many complaints were **upheld (11%)**, **partially upheld (42%)**, and **not upheld (47%)**.



# WHAT WE ARE DOING NEXT



Vicki Havercroft-Dixon  
Head of Patient & Family  
Relations

The pandemic has certainly been a challenging period in which to manage complaints, but there are now some real opportunities for us to build on the changes we've made to our processes and practices and continue to work towards making complaints count.

In 2021 a new set of NHS Complaints Standards was developed by the Parliamentary and Health Service Ombudsman to set out a quicker, simpler, and more streamlined complaints handling service. The standards are being piloted across a number of Trusts before being nationally rolled out in 2022. We have applied to be a pilot in the second phase of the rollout. While we believe in our complaints processes and have confidence we handle complaints well, a national agreed standard can only help improve the overall experience of people making complaints to NHS organisations and we are fully supportive of this.

## Documentation of learning and actions

One of our early priorities, identified through our initial gap analysis, is to improve the documentation of our learning from complaints and to make this learning more widely available. Working with divisional teams, our aim is to ensure learning and actions are recorded on the action plan module of our Safeguard system. This will lead to better assurance and oversight that actions are being completed and will allow us to feed back the positive steps we are taking to complainants and the public.

## Early resolution

Resolving complaints early has long been an organisational objective and we do it well. The pandemic introduced new challenges: we found that although complainants were willing to try a resolution meeting, many of them wanted these face-to-face and did not want to do it virtually via Teams or Zoom. As restrictions ease, we want to bring back resolution meetings as an effective way of managing complaints and have applied for funding to put the team on mediation and conflict resolution training to better equip them with the tools to manage these meetings successfully.

## Complaint ownership

Our complaints coordinators Hayley and Clare play a vital role in managing investigations, but there are some complaints that can be answered by one individual, often directly. Ellen, our complaints editor, will start working with clinicians to offer writing support where a direct written response will resolve a complaint quickly and effectively.

## Making complaints inclusive

In 2018 we took steps to ensure that information about how to make complaints was available in accessible formats such as braille, large print, different languages, and audio recordings. A review of our complaints demographics still shows below expected levels of diversity in those who complain. We recognise that we need to give more attention to ensuring that people from different backgrounds have the confidence in the system to speak up and share their experiences. We will be working hard in 2021/22 to ensure that there are no barriers to accessing our complaints service.