

Public Trust Board 26 October 2021

2020-21 Annual Complaints, Concerns and Compliments Report

Governance table

For Board and Board Committees:	Trust Board 26 th October 2021	
Paper sponsored by:	Anne Scott, Director of Nursing, AHPs and Quality	
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Date submitted:	13 October 2021	
State which Board Committee or other forum within the Trust's governance structure, if any, have previously considered the report/this issue and the date of the relevant meeting(s):	Quality Forum, 13 October 2021 Complaints Review Group, 6 October 2021	
If considered elsewhere, state the level of assurance gained by the Board Committee or other forum i.e. assured/ partially assured / not assured:	Assured	
State whether this is a 'one off' report or, if not, when an update report will be provided for the purposes of corporate Agenda planning		
STEP up to GREAT strategic alignment*:	High Standards	X
	Transformation	X
	Environments	
	Patient Involvement	X
	Well Governed	X
	Single Patient Record	
	Equality, Leadership, Culture	X
	Access to Services	
	Trust Wide Quality Improvement	X
Organisational Risk Register considerations:	List risk number and title of risk	N/A
Is the decision required consistent with LPT's risk appetite:		
False and misleading information (FOMI) considerations:		
Positive confirmation that the content does not risk the safety of patients or the public		
Equality considerations:		

Annual Complaints, Concerns and Compliments Report for 2020-21

Introduction

The Trust values the feedback it receives from patients, carers and their relatives and continues to use complaints as an effective measure of our patient experience and an opportunity to learn and improve the services we provide.

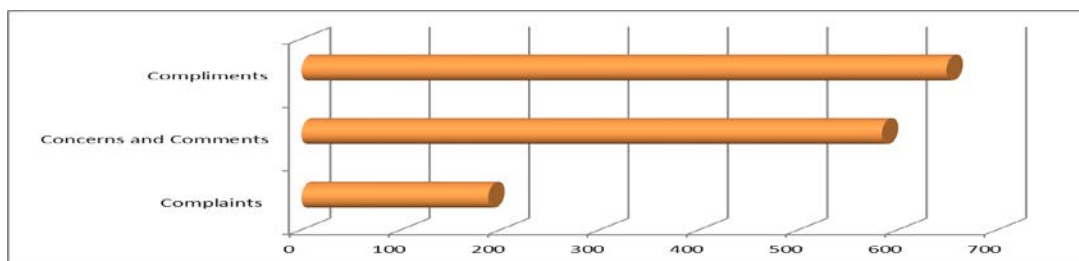
Welcome to the 2020-21 annual complaints, concerns and compliments report. In this report we have decided to include concerns, comments and compliments. By covering these four 'C's' of patient feedback we aim to provide a more rounded view of the feedback received over the last year.

Over the last 17 months the Trust has been managing its patient feedback function alongside the ongoing response to the Covid 19 pandemic. As with the majority of services that the NHS has provided throughout this time, there have been significant changes in the way the complaints have been managed, both nationally and locally. This has meant that we have needed to continually review our approach to managing complaints, whilst ensuring timely and high-quality investigations and responses to the concerns raised by our patients, carers and their families. For concerns, comments and compliments the Trust extended its Patient Advice and Liaison Service (PALS) in the first quarter of the year. This was due to national lockdown due to the Covid 19 pandemic. This resulted in a 7 day a week service where patients and carers had a point of contact for the Trust for any concerns or questions that they may have had in relation to their healthcare.

This report aims to provide an overview of the comments, concerns and compliments received along with a more detailed insight into the Trust performance for complaints in 2020-21. The report also sets out the changes to delivery in response to the ongoing pandemic, highlighting the challenges, opportunities and learning it continues to provide as we move towards our Triple R Programme of Reflect, Reset and Rebuild and the delivery of our Patient Feedback Improvement Programme Priorities for 2021-22. Please note that the feedback received through the Trust's Friends and Family Test is reported in the Annual Patient Experience and Involvement Report.

Performance Overview

For 2020/21 the Trust received 1441 individual pieces of feedback in relation to comments, compliments, concerns and complaints. The following graph breaks down this data in more detail:



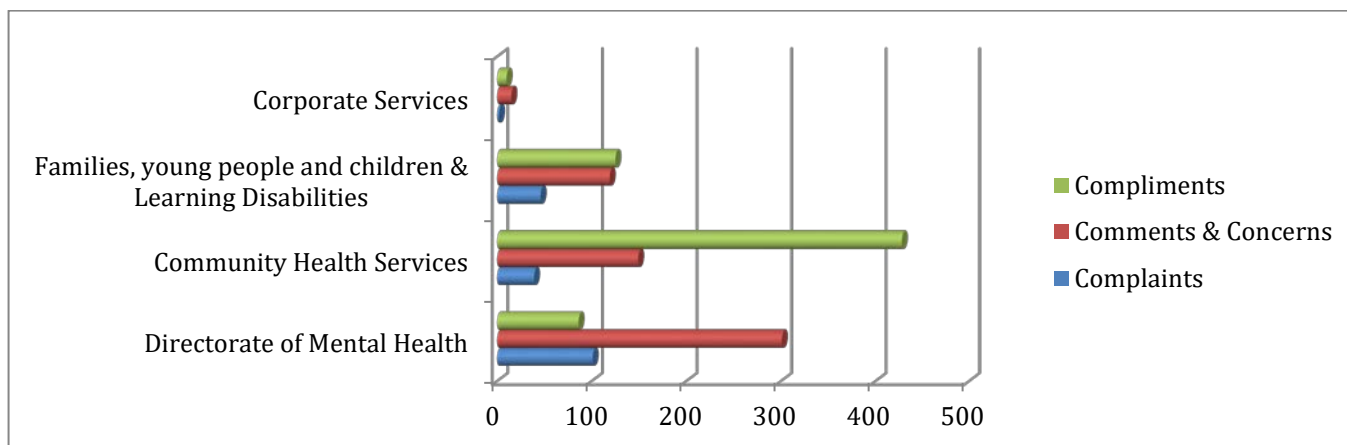
Top three concerns and comments received

Concern/comment category	Number received	Percentage of overall concern/comment
Communications	129	22%
Patient Care	106	18%
Appointments	77	13%

Top three compliments received

Compliment category	Number received	Percentage of overall compliments
Staff Attitude	187	29%
Care & Treatment	160	25%
Customer Service	128	20%

Feedback by Directorate



Focus on Complaints

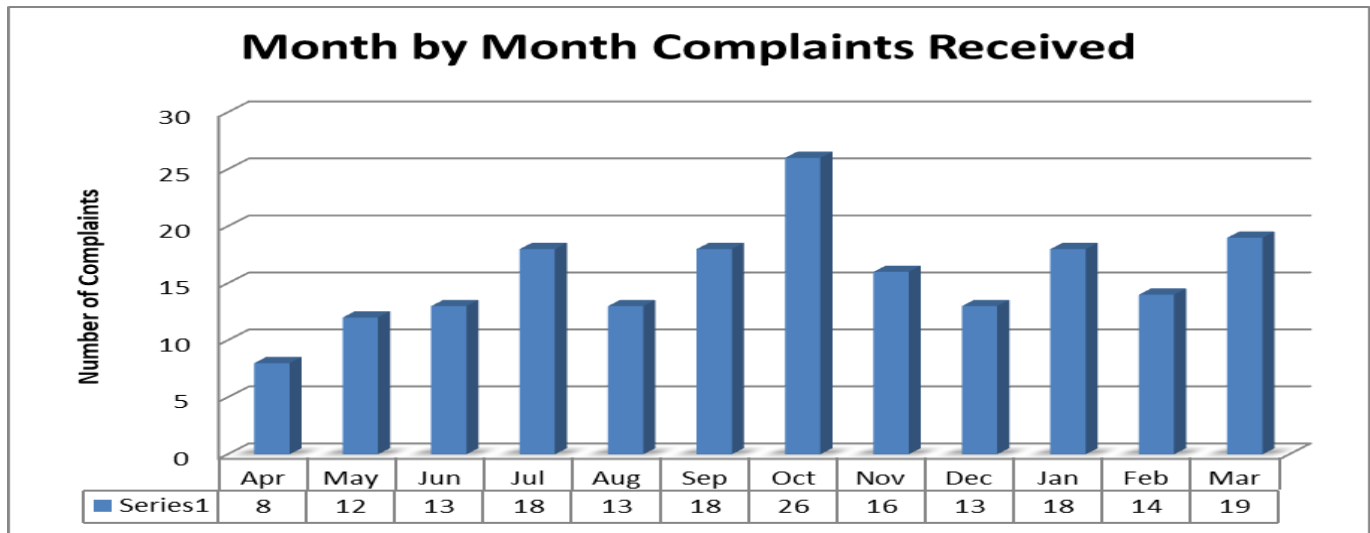
<p>188 The number of complaints formally registered</p>	<p>The percentage of complaints responded to in the agreed timeframe</p> <p>62%</p>
<p>The percentage of complaints registered against the number of patients that attended and were seen by the Trust</p> <p>0.03%</p>	<p>27 The number of reopened complaints received</p>
<p>90% The Percentage of complaints acknowledged within 3 working days</p>	<p>The percentage of complaints we upheld or partly upheld</p> <p>62%</p>
<p>The number of complaints we resolved in 25 working days</p> <p>57</p>	<p>3 The number of complaints that were formally investigated by the Parliamentary & Health Service Ombudsman</p>

**Due to the impact of Covid 19, all complaint investigations were paused in April 2020. Throughout the year the investigation timescales for complaints has ranged from 25 to 45 working days to constantly respond to the impact the pandemic has had on staff capacity when undertaking investigations.

Complaints Received

During the period 1 April 2020 to 31 March 2021, the Trust registered 188 formal complaints. This was a 25% (235 complaints) reduction on the previous year and follows the year on year trend from the last 4 years in an annual reduction in complaints.

Below is a breakdown of complaints received by month:



The reduction can be aligned to the ongoing robust triaging of concerns and complaints received by the Trust, with complainants being offered an informal review of their concerns through our Patient Advice and Liaison Service (PALS) rather than going straight into the formal complaints process. Complainants are advised that if they are not satisfied with the informal review then they still have the opportunity to go through the formal complaints route. However many complainants did choose the quicker informal route and had their concerns addressed informally.

The Complaints Team continue to appreciate the importance of communication and maintain regular contact with complainants, to update and explain the current situation and offer reassurance and support where needed. In addition to this, any key information and updates on the complaints process was provided through our website and social media platforms.

Below is a breakdown of complaints received in 2020-21 by directorate with a comparison against the previous 3 years. It is important to note that in April 2020 there were changes within the Trust as to which directorate services sat under. These changes will reflect in the figures for 2020-21 where some directorates gained additional services. The Directorate of Mental Health gained all of Mental Health Services for Older People (MHSOP) and PIER but lost Learning Disability (LD) Services. FYPC lost PIER but gained all of LD Services. CHS lost all of MHSOP services but did not gain any additional services

	2021-22	2019-20	2018-19	2017-18
Total Complaints Registered	188	235	497	466
Directorate of Mental Health	101	101	198	201
Community Health Services	39	82	174	150
Families, Young People and Children and Learning Disability	46	50	119	107
Other	2	2	6	8

Complaints relating to services provided by the Directorate of Mental Health (DMH) remained the highest proportion of the complaints registered in 2020-21. This has been the trend over the last four years although the numbers over the last two years have remained the same. There is no exact reason for the high numbers received but it is believed to be due to the complex needs of those who access Mental Health Services.

Case Summary 1

Mrs and Mrs S contacted the service to raise concerns about the refusal of their son's referral to the Diana Service due to living out of the area. Although they were aware that the decline of the referral was not a contributing factor in their son's death, they felt it was a contributing factor in his continued suffering.

“One promise is to do everything in our power to make sure that young people in dire circumstances receive treatment at home, regardless of their postcode”.

During the investigation it was identified that following the receipt of the referral, a conversation should have taken place between the District Nursing Team and the Diana Service to discuss the patients ongoing care, as they were nearing their 18th birthday. It was also identified that the declined referral was not communicated correctly with the family and had a meeting between the services taken place and a call with the family made by a member of the Team, this matter may not have arisen. This feedback was taken forward by the Community Services Matron and the Diana Service to ensure this matter does not arise again in the future.

Complaints Response Rate

There was significant impact from COVID-19 on how the Trust delivered its complaints function across 2020-21. In quarter 1 the Trust took a carefully considered decision, in line with national guidance, to place a pause on the complaint process to help staff focus on their frontline duties. Throughout the period of pause, the Complaints Team continued to work with anyone wishing to raise concerns to try and seek informal resolution in the first instance and, where this was not possible, their concerns were formally registered.

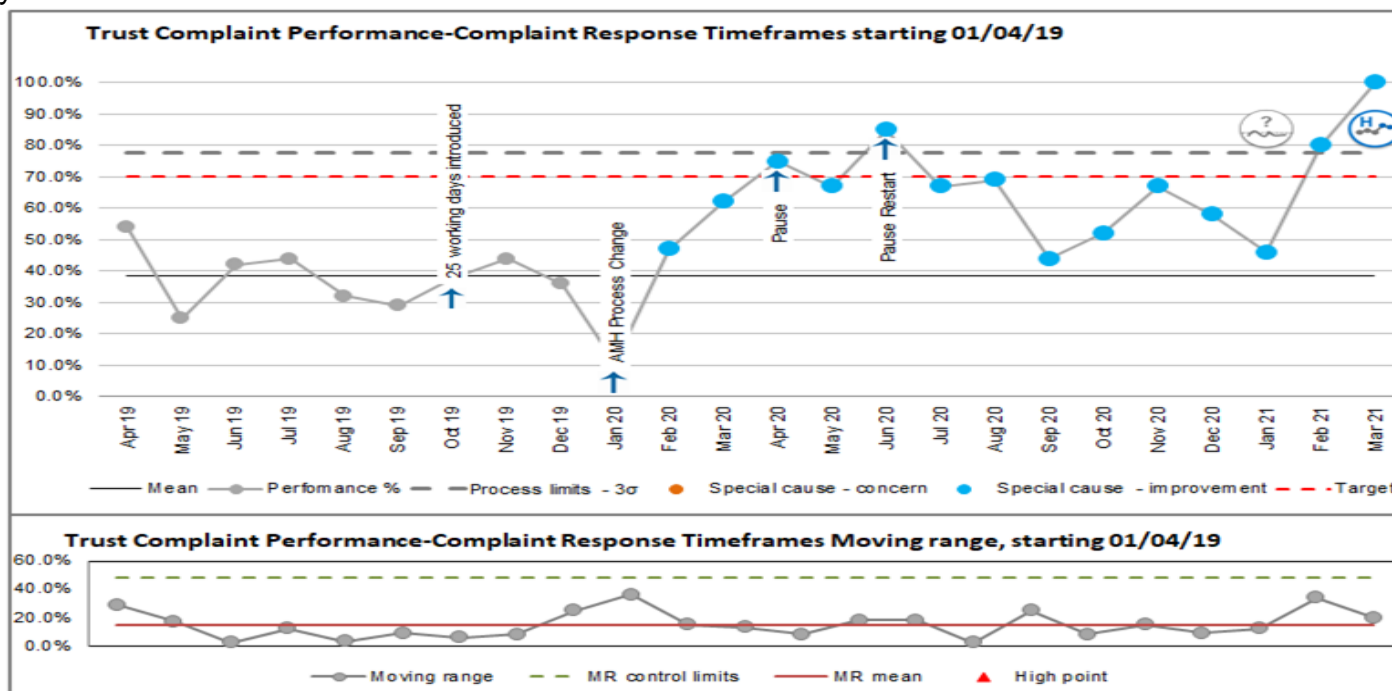
Throughout the year, the Complaints Team continued under the pressures of the pandemic and further challenges posed by the second national lockdown, to positively help individuals gain answers and clarity to much needed questions and queries about their care and treatment.

The good practice adopted from the onset of the pandemic continued with early discussions held with the complainant to hear about their concerns and experience and work with them to achieve the best possible solution to resolve their issues, whether through an informal or formal route. Working collaboratively with the individual to agree the best way forward has helped with their experience and where an informal route is possible, has helped with alleviating pressure on the service and swiftly resolving the issues. The Complaints Team also, as a result of the pandemic and pressures on staff, was in regular correspondence with the complainants to update them on their investigation and keep them fully informed.

In quarter 4, following a further national lockdown and higher Covid 19 cases the Trust made another carefully considered decision to temporarily alter the timeframe to respond to complaints. The Trust moved from 25 working days to 45 working days or a date agreed with the complainant.

The Trust also implemented a process to support staff and our complainants when looking into the issues has taken longer than anticipated and more time is required to provide a response.

The following graph sets out the Trust's performance in relation to timescales for the last three years. As the graph demonstrates, although the timescales for 2020-21 were impacted by the pandemic, the overall performance was that of improvement to what was achieved in the previous year.



For 2020-21, the Trust responded to 51% of complaints within 25 working days or a date agreed with the complainant. This is a 9% improvement from the previous year (42%) and was achieved despite each directorate reporting reduced staff capacity due to the impact of the pandemic. This improvement was the result of improved communication, processes and closer working and monitoring of complaints with each directorate. Support was provided jointly with the Complaints Team and Directorate Leads to enable directorate staff to undertake full and comprehensive investigations within the timeframes agreed with the complainant.

The Complaints Team also implemented a revised complaint management document which emphasised the requirement and needs of the complainant but equally as important, learning and action planning. There have also been changes to improve the link between the Complaints Team and Patient Safety Team; this has been further supported by the attendance from the Complaints Team at the weekly Incident Review Group.

The management document now includes guidance on how to complete each section and embedded documents to improve staff accessibility to key documents. The Complaints Team have completed some virtual training to support directorate staff which has been on a one to one basis and in groups; further training was also provided in the form of a Complaints Clinic. The clinic was facilitated by the Director of Nursing, Quality and Allied Health Professionals and supported by the Lead Nurse for Patient Safety and the Complaints Manager. The Clinic was very well received by staff and ran three times throughout the year.

Case Summary 2

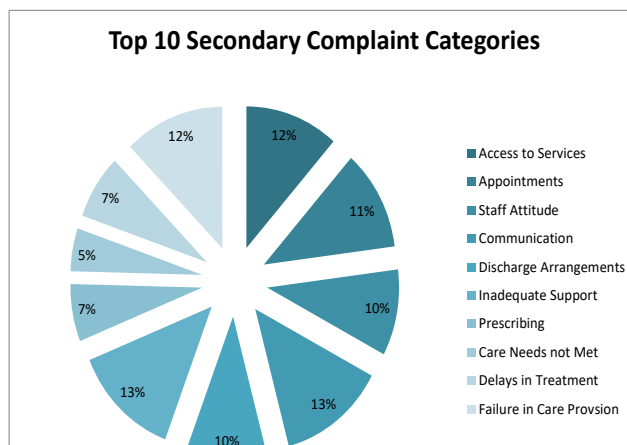
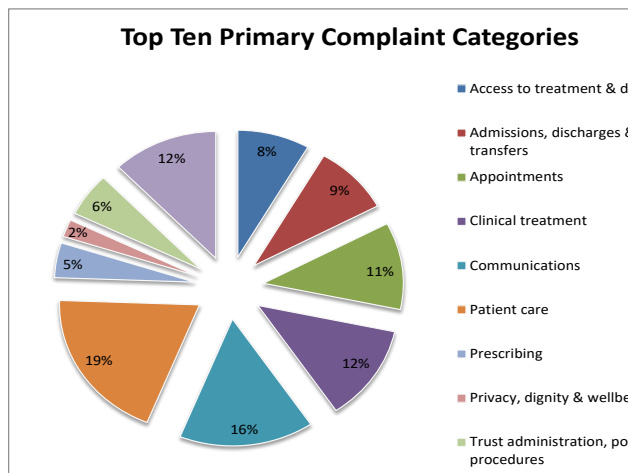
Mr M was unhappy as his GP Surgery had sent a 46 page questionnaire via recorded delivery to the Central Access Point Team in respect of an Asperger's and ADHD referral and although the document had been signed for at the Bradgate Unit, it was now missing and contained a lot of information about the patient but also his family.

“Hearing that my data might have been lost has caused my health to deteriorate”.

Following our investigation, it was identified that the handling of special delivery mail was not consistent and there was no clear process in place for the collection of such mail at the reception in the Bradgate Unit. As a result, a new process was put in place to ensure all parcels and letters were recorded upon delivery at the unit and the recipient contacted to advise them of the delivery. Upon arrival, the recipient now needs to sign for the delivery before it is released to them. This new process will hopefully avoid any further letters or deliveries getting lost or mislaid and causing any further undue stress to service users or their families.

Complaint Trends and Themes

Upon receipt of every complaint the content is reviewed and the primary issue from the complaint is logged onto our complaint management system, the complaint is then broken down again into a secondary category which allows more detailed analysis of the themes and trends. The two charts below set out the top ten primary and secondary categories for complaints for 2020-21.



Complaint Category	No. featured in complaints	Percentage of total complaints	Historical percentage 2019-20
Patient Care	35	17%	9% up 8%
Communications	28	15%	15% no change
Clinical Treatment	22	12%	14% up 2%

Case Summary 3

Ms T contacted the service as she was unhappy that her mother's bloods had been labelled incorrectly on two occasions and as a result her mother's urgent kidney function results were delayed.

“I am frustrated by the mistakes and want to ensure that other families weren’t affected by similar errors”

During the investigation, it was identified that staff had not completed all relevant information required on the sample and as a result the tests needed to be re-taken on several occasions. In order to ensure that this matter did not arise again in the future, a request was made for the 5 required pieces of data to be placed on the Care Activity Plan on SystemOne. This was completed in December 2020.

Complaint Demographics

We use complainant details to monitor the demographics of those accessing the complaints services. This data is produced at the end of each financial year by our Equality and Human Rights Team and gives the gender, age and ethnicity of the service users accessing the complaints service and raising concern about their care. We also have to report on certain demographics as part of our national return.

Due to the impact of coronavirus the data was not available at the time of this report. This data will be available in November 2021. During 2020/21 the Complaints Team commenced the sending out of demographic monitoring forms to all new complainants to obtain up to date information on patient demographics to strengthen our understanding of those service users raising concerns and how we can shape our services to be inclusive of hard to reach groups.

The completion of this form is purely voluntary. In the year, 46 completed forms were received back from complainants and the responses are broken down below. This data is being provided as a snapshot within this report. When the annual data is available this will then be reviewed by two of the Trust’s assurance committees, the Complaints Review Group and the EDI Patient Experience and Involvement Group.

A breakdown is below:

Age		Gender		Sexual Orientation		Ethnicity		Long-term Health condition	
0-17	6	Female	23	Bisexual	3	White British	37	Yes	28
18-64	30	Male	22	Gay/Lesbian	3	Asian/British	6	No	16
65+	10	None	1	Heterosexual	36	Asian/Indian		N/A	2
				Other	3	White other	2		
				Undecided	1	Other ethnic Group	1		

The data highlighted that there was an equal split between female and male complainants.

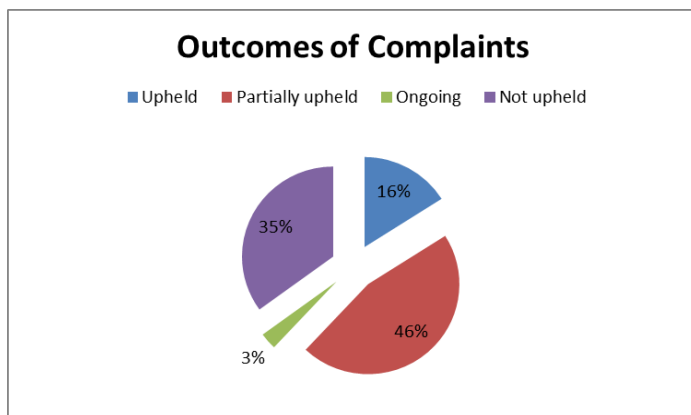
The majority of complaints were received from those within the 18-64 age bracket and from those with a white British ethnicity. This data does not reflect all complaints received and should be used as an example from the 46 forms completed and returned by complainants.

Outcomes of Complaints

The outcome from a complaint is categorised in line with the KO41a national return requirements and can be upheld, partly upheld or not upheld.

Upheld	All issues of the complaint are fully substantiated and that there are shortcomings in the care and treatment provided
Partly Upheld	Some of the issues of the complaint are substantiated.
Not Upheld	The issues of the complaint are not substantiated and the care was appropriate and according to process or guidelines.
Ongoing	The complaint is under investigation.
Withdrawn	The complainant no longer wishes to progress their complaint or require a response.

The chart below shows the percentage of outcomes (this does not include those complaints that were withdrawn or are currently ongoing).



Between 1 April 2020 and 31 March 2021, we upheld or partly upheld 62% of our complaints (117 of 188 received) which is the same as 2019/20. In these cases we found that there was a failing and there was an opportunity for learning. In addition to an apology being given, and an explanation for what went wrong, we also detailed how we would learn from the experience and the action that would be taken.

During the year, 6 complaints were withdrawn by the complainant.

We upheld or partly upheld 62% of our complaints

Further Local Resolution

Between 1 April 2020 and 31 March 2021, 25 complainants got back in touch as they were unhappy with their initial response (with one complainant coming back twice), compared to 42 the previous year. This equates to a 4% drop in the number of reopened complaints. The table to the right shows a breakdown of why complainants were unhappy with their response. The complaints were reopened for further investigation.

Reason	
Response did not address all issues	13
Disputed the information provided	4
Unresolved issues	5
Complainant raised further issues	1
Requested meeting to clarify response	2
New Questions	1

Of those that got back in touch, the Trust assisted with the outstanding issues by facilitating either a further written response or a face to face meeting. The Trust has encouraged this approach as we appreciate the benefit of having the opportunity to discuss concerns in person. This response has been to good effect as we have only seen one complaint formally investigated by the Parliamentary and Health Service Ombudsman.

The reduction in those complainants that have come back to us unhappy is testament to the work that the Trust has undertaken to improve the quality of their complaint responses.

The Complaints Team have worked alongside the Investigation Leads to strengthen their investigation and formal responses. This has been further supported by collaboration with the Director of Nursing, Quality and AHPs where a new standardised template has been agreed.

Learning from Complaints

It is important that we recognise when a patient's care has gone wrong and to use this experience to learn and make improvements. This is so that the care and treatment we provide for everyone accessing the service is optimised. Complaints are a valuable source of feedback and an opportunity to bring about positive change. Throughout the report there are specific case examples of how we have used complaints received to make changes to the service we provide and positively influence care to everyone accessing that service and Trust wide. In addition to sharing complaints directly with the staff involved in the care, complaints are shared at directorate governance meetings which feed into our Complaints Review Group and then to our Quality Forum, Quality Assurance Committee and Trust Board.

Below are examples of improvements that have been made in direct response to complaints:

- The District Nursing Service now undertakes random samples of five cases per team and three cases per individual member of staff to ensure patient records are accurately maintained and are of a high standard.
- Complex care nurses now receive all unscheduled calls to the District Nursing Service. This allows a more thorough view of the request made by the patient or their relative or carer and prompts staff to reconsider their treatment plan.
- In response to a number of complaints about the standard and choice of food on the inpatient wards tasting sessions have now been set up with patients, staff and catering providers to ensure that there is a good, balanced range of food available to patients which also meet their requirements e.g. vegan options.
- The Bradgate Unit have introduced a new process to ensure all parcels and letters are recorded upon delivery at the unit and the recipient contacted to advise them of the delivery. Upon arrival, the recipient now needs to sign for the delivery before it is released to them.
- To ensure there is comprehensive information to share with our complainants on the SI Investigation process so they are fully informed of what to expect and what will happen next, a new letter template has been developed along with plans to create a supporting leaflet explaining the process.
- The PALS and Complaints Teams work collaboratively to provide an offer to resolve new complaints through the informal route of a concern. This has resulted in a number of complaints being managed and investigated as a concern with the agreement of the complainant and provides a quicker response to the issues that have arisen

Parliamentary and Health Service Ombudsman (PHSO)

During 2020-21, three complaints were formally investigated by the PHSO; one investigation is still awaiting the final outcome by the PHSO. Of the two investigations which were undertaken one complaint was not upheld and the other complaint was upheld. In respect of the upheld complaint there is a summary below of the recommendations made by the PHSO in alignment to their Principles for Remedy:

- Within one month of this final report, the Trust should write to the complainant and apologise for not providing them with the appropriate standard of podiatry treatment
- Our Principles state that public organisations should ‘put things right’ and, if possible, return the person affected to the position they would have been in if the poor service had not occurred. If that is not possible, they should compensate them appropriately. Following this review, the recommendation is that the Trust pays the complainant £500 in recognition of the additional pain and discomfort caused by it not providing them with the appropriate standard of podiatric treatment.

Developments in 2020-2021

- As already set out in this report, the ongoing response to the Covid 19 pandemic has meant that the delivery of complaints has been fluid over the last 12 months, to ensure that the Trust was able to continue to deliver high quality investigations and responses when complaints and concerns have been received.
- The key developments during 2020-21 have been:
- The Complaints Team implemented a revised complaint management document which emphasizes the requirement and needs of the complainant but equally as important, the learning and action planning. The management document now includes guidance on how to complete each section and embedded documents to improve staff accessibility to key documents.
- Improvement in the link between concerns raised in a complaint and any patient safety concerns has been further supported by a member of the Complaints Team attending the weekly Incident Review Meeting.
- Introduction of Complaint Clinics across the Trust. Clinics are facilitated by the Director of Nursing, Quality and AHP’s and supported by the Lead Nurse for Patient Safety and the Complaints Manager.
- Additional support was commissioned to support the complaints work within the Directorate of Adult Mental Health and to address the current delays in complaint investigation and completion.
- Weekly touchpoint meetings between the complaints team and the directorate complaints co-ordinators were introduced to provide stronger oversight and support. These meetings are used as a review of live complaints and to identify any service pressure points/challenges and agree early actions as required.

- Introduction of weekly complaint trackers provide an overview of all live complaints..
- Introduction of a process for agreeing complaint investigation extensions. Extensions requests are assessed against a set of criteria and in partnership with the complaints team. Including a review undertaken with the Director of Nursing, Quality and AHP's to agree appropriate management of complaint.
- All new complaints are triaged by the Complaints Team and where appropriate the option of resolving the concern informally is offered.
- A review of the Complaints Review Group following the recommendations from the Ockenden and Cumberledge Reviews. The reformed Group is now chaired by the Director of Nursing, Quality and AHP's with revised membership that includes all Heads/Deputy Heads of Nursing and Governance Leads.

Focusing on the future

The focus of the Complaints Team for 2021-22 will be to:

Improve the quality of our complaint investigations and responses

- Work in collaboration with Trust Staff to understand training needs
- Develop training matrix based on modules
- Pilot training with focus group
- Roll out of programme fully supported by intranet

Reduce the amount of time taken to investigate complaints

- Develop Ulysses Web
- Pilot use of Ulysses Web with DMH
- Review Pilot and roll out to other directorates if pilot is successful
- Progress Ulysses Web reporting function to support Governance framework

Use feedback to continuously learn and improve the complaints function – Peer Review

- Independent review of a small number of complaints to identify trends and best practice
- Application of findings and recommendations from the PR process
- Listen, Learn, Act
- Use the information contained in satisfaction surveys in conjunction with the PR process

Pilot the new Parliamentary Health Service Ombudsman Complaints Standards