

Annual Complaints, Concerns, Enquiries and Compliments Report for 2021-22

Introduction

At the Leicestershire Partnership NHS Trust, we value the importance of both positive and negative feedback from patients, carers and families and have continued to use this feedback as an effective measure of our patient experience, as well as an opportunity to learn from and bring about change within the services that we provide.

In this report we have included feedback received into the Trust during 2021-22 through a variety of means including complaints, concerns, enquiries, comments, and compliments and have widened the data provided with the aim to review the last year in light of the changing attitudes and views of the NHS, following the Covid-19 pandemic and the lifting of the national lockdown.

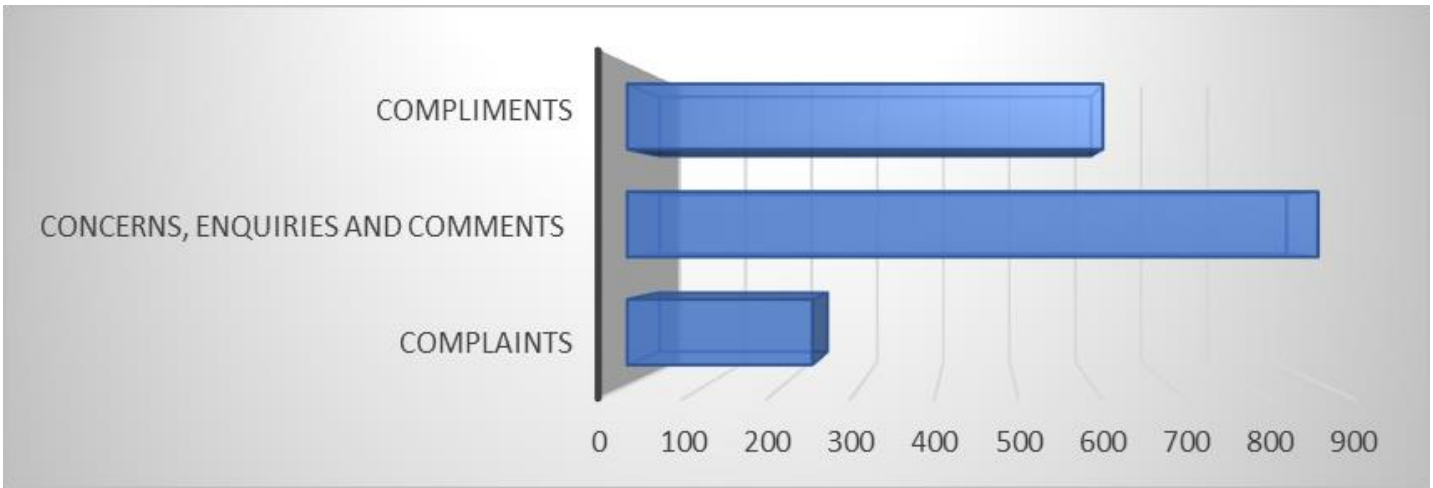
Although the national lockdown was lifted in July 2021, 4 months into the new financial year, the Trust continued to manage its patient feedback function with consideration of the major impact the Covid-19 pandemic has had on the NHS overall but specifically in response to staffing issues, sickness, significant backlogs and waiting times. At the height of the pandemic there were significant changes made to the way in which complaints were managed, both locally and nationally; this has meant that within the Trust we have needed to continually review and discuss our approach to managing complaints, whilst ensuring we continue to provide a realistic timeframe for high-quality investigations and robust, comprehensive responses to be provided to our patients, carers, and families.

This report aims to provide the reader with an overview of the complaints, concerns, enquiries, comments, and compliments received in 2021-22, along with more detailed information regarding performance. The report also highlights the learning and changes made throughout the year, which we hope will have a positive impact on the complainant's journey through the various feedback processes.

The report also recognises the continuing impact of the pandemic on our services and staff, whilst highlighting some of the challenges we have faced, as we continue our Reset and Rebuild Programme, along with our 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 (FFT) is reported in the Annual Patient Experience and Involvement Report.

Performance Overview

In 2021-22, the Trust received 1742 individual pieces of feedback in relation to complaints, concerns, enquiries, comments, and compliments, which is a 21% increase on the previous year. The following graph breaks down this data in more detail:



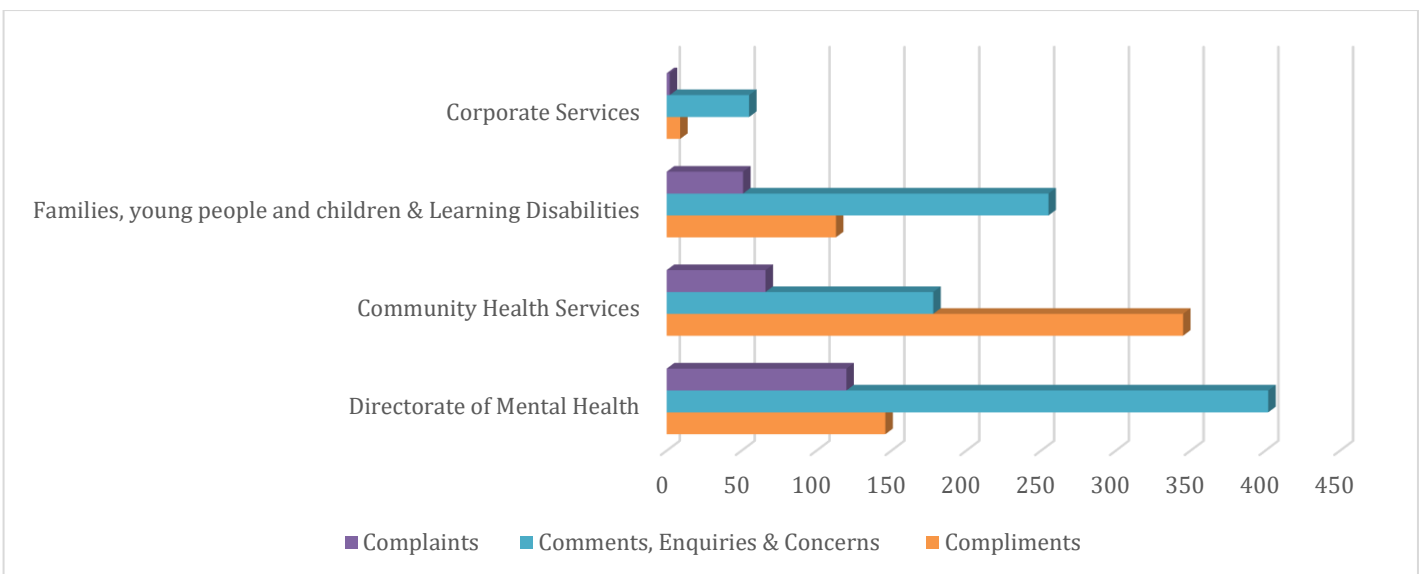
Top three concerns, enquiries and comments received:

Concern/comment category	Number received	Percentage of overall concerns/comments
Communications	213	24%
Patient Care	148	17%
Appointment	130	15%

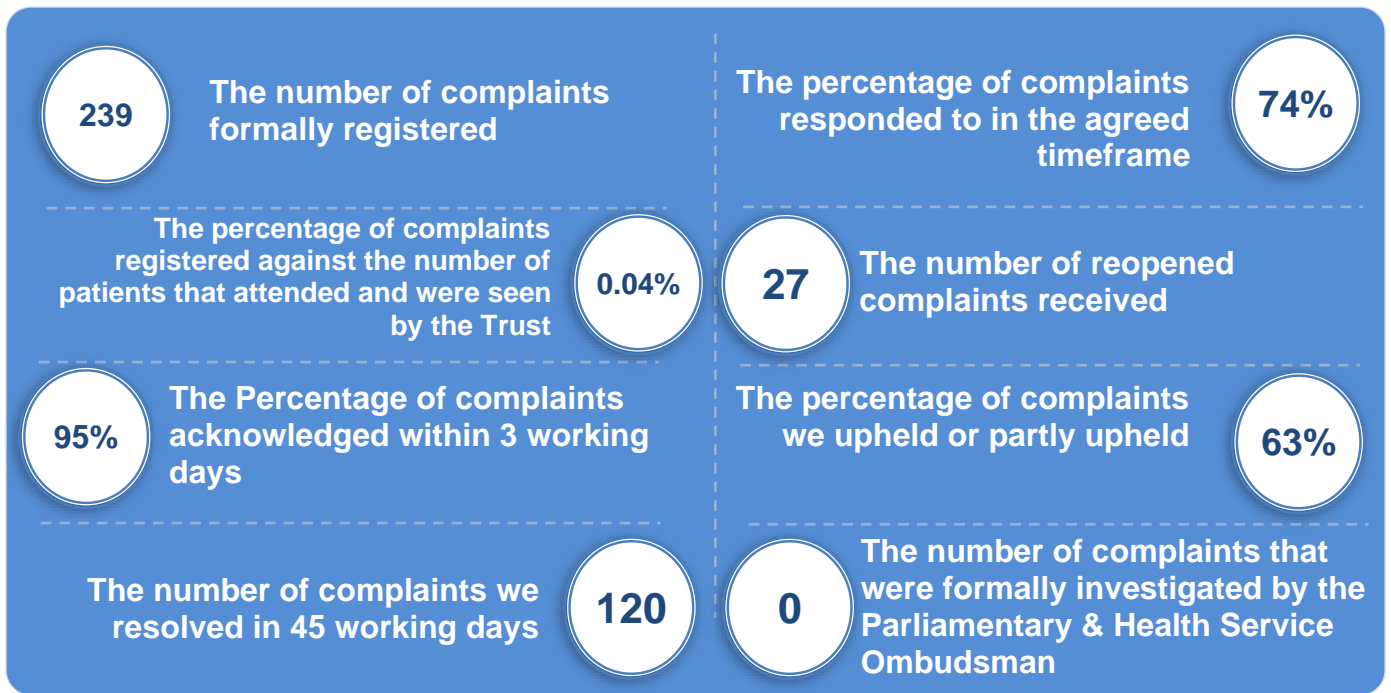
Top three compliments received:

Compliment category	Number received	Percentage of overall compliments
Compliments	227	37%
Values and Behaviours (staff)	128	21%
End of life	99	16%

Feedback by Directorate:



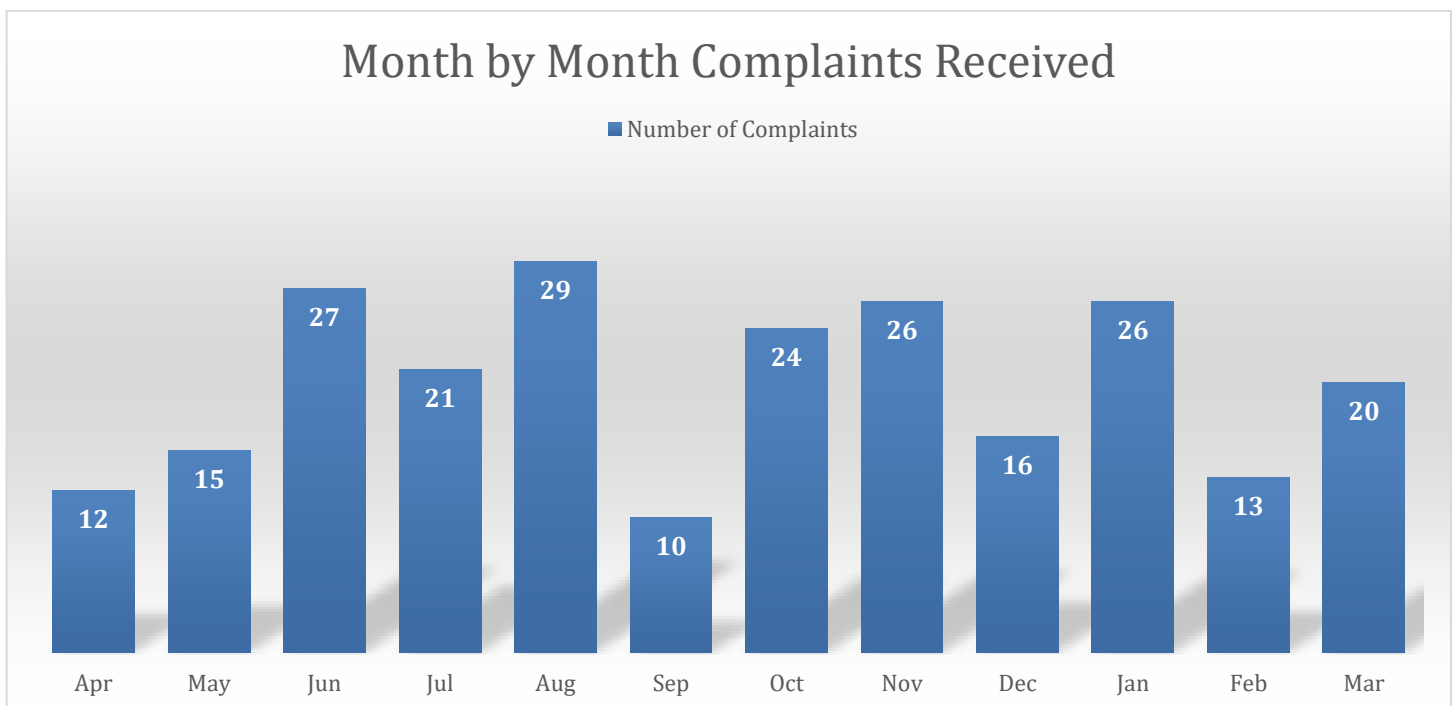
Focus on Complaints



Complaints Received

During the period from 1 April 2021 to 31 March 2022, the Trust registered 239 formal complaints; this was a 27% increase from 188 complaints logged in the previous year. Although the trend for the past number of years has been for our overall complaint figures to decrease year on year, unfortunately changes in attitude and increased expectation from the public in respect of the NHS following the lifting of the Covid-19 national lockdown, has seen a significant increase in contact across all areas of the Trust.

Below is a breakdown of complaints received by month:



Although significant changes have been made across the Trust to provide a more patient focussed service, the increase in the complaints received this year, whilst disappointing, is not unexpected, especially having liaised with other teams within the Trust, as well as other agencies locally and nationally, who have reported a similar experience.

The Complaints and PALS Team, we have continued to triage all concerns and complaints received by the Trust and are working more closely to ensure the complainant has been provided with all options for investigation, prior to making a decision about the investigation route. Complainants are still being offered an informal resolution in the first instance through PALS and whilst the majority of complainants we have spoken to, did choose the quicker informal route, we do note that there has been an increase in the number of cases being escalated to Complaints. This is mainly due to complainants being unhappy or dissatisfied with their initial outcome. Although the patient is at the centre of what we do, as a result of the nature of the type of complaints being received, the Complaints Team have begun to work more closely with our colleagues in Safeguarding, Patient Safety, Legal and the Trusts Communications Team in order to discuss and agree a positive way forward for more complex cases, where it has been identified that there may be future reputational or legal risks for the Trust.

The Complaints Team continue to appreciate the importance of communication and have worked with each of the three Trust directorates, Community Health Services, Directorate of Mental Health and Families, Young People and Children’s and Learning Disabilities, along with key members of staff to create a new Complaints Management Document (CMD). This new document focusses on building relationships and rapport with complainants as part of the investigation process, with the hope of this leading to better, more satisfactory overall outcomes and a reduction in the number of reopened complaints. The team have also worked with directorates through our weekly meetings to be more visible and available to provide additional support and advice for investigators in light of the increased complexity of the cases being received. In addition to this, any key information and updates on the complaints process has been provided through our website and social media platforms.

Below is a breakdown of the number of complaints received in 2021-22 by directorate with a comparison against the previous 3 years.

	2021-22	2020-21	2019-20	2018-19
Total Complaints Registered	239	188	235	497
Directorate of Mental Health	120	101	101	198
Community Health Services	66	39	82	174
Families, Young People and Children and Learning Disability	51	46	50	119
Other	2	2	2	6

As has been the trend for the past number of years, complaints relating to services provided by the Directorate of Mental Health (DMH) has remained the highest proportion of the complaints registered in 2021-22. Whilst there is no exact reason for the high numbers received, it is believed to be due to the complex needs of those who access Mental Health Services coupled with the increased impact caused by the Covid-19 pandemic and national lockdown, with more people trying to access services, longer waiting lists, staff shortages and the recent move back to face-to-face appointments.

Case Summary 1

Ms T contacted the service to raise concerns about the overall care and treatment provided to her late sister following her admission to one of our Mental Health Services for Older People (MHSOP) Wards. Ms T and her family were shocked and very upset by the rapid deterioration in their loved one's health and having received a copy of her medical records following her death, were left with a lot of questions, admitting they also felt guilty that they didn't do more to ensure their loved one received the care she deserved.

“How could she have had a water infection for 10 months and to go down so rapidly where she couldn't talk or walk or even wash or dress herself, we just want answers and an explanation”.

As part of their review of the case, the service completed a comprehensive and robust investigation, providing detailed explanations to the family in respect of their concerns and confirming the actions taken in order to provide care to the patient. Whilst the investigation was extensive, the response provided was factual, empathetic, and caring. When the case was initially received, the family were very emotional when speaking to the Complaints Team, however, upon receipt of the formal response, the Complaints Manager received a call to advise that the response “provided closure” to the family.

Complaints Response Rate

In Quarter 4 (January 2021 to March 2021) of 2020-21, the Trust made a carefully considered decision, in light of the ongoing pressures on the services as a result of the Covid-19 pandemic, to extend its investigation timeframes from 25 working days to 45 working days or a date agreed with the complainant. This extension continued until Quarter 3 (October 2021 to December 2021) of 2021-22, when the timeframes were reduced to 35 working days. Unfortunately, due to the discovery and surge of the Omicron variant and the increased pressures on services pre-Christmas with staffing levels and sickness, the investigation timeframe was again increased to 45 working days from 22 December 2021. This timeframe was in line with partner NHS organisations across the region it was identified that all organisations were working to an average of 40 working days for complaint resolution. Although, the Trust continues to have a 45 working day investigation timeframe, it is proposed that this will reduce to 40 working days in 2022-23.

Throughout the year, the team continued to adopt a more patient focused process, where initial contact and discussions with the complainant was a key component in de-escalating complaints and reducing the overall pressure on the services to commit staff to a longer formal investigation process.

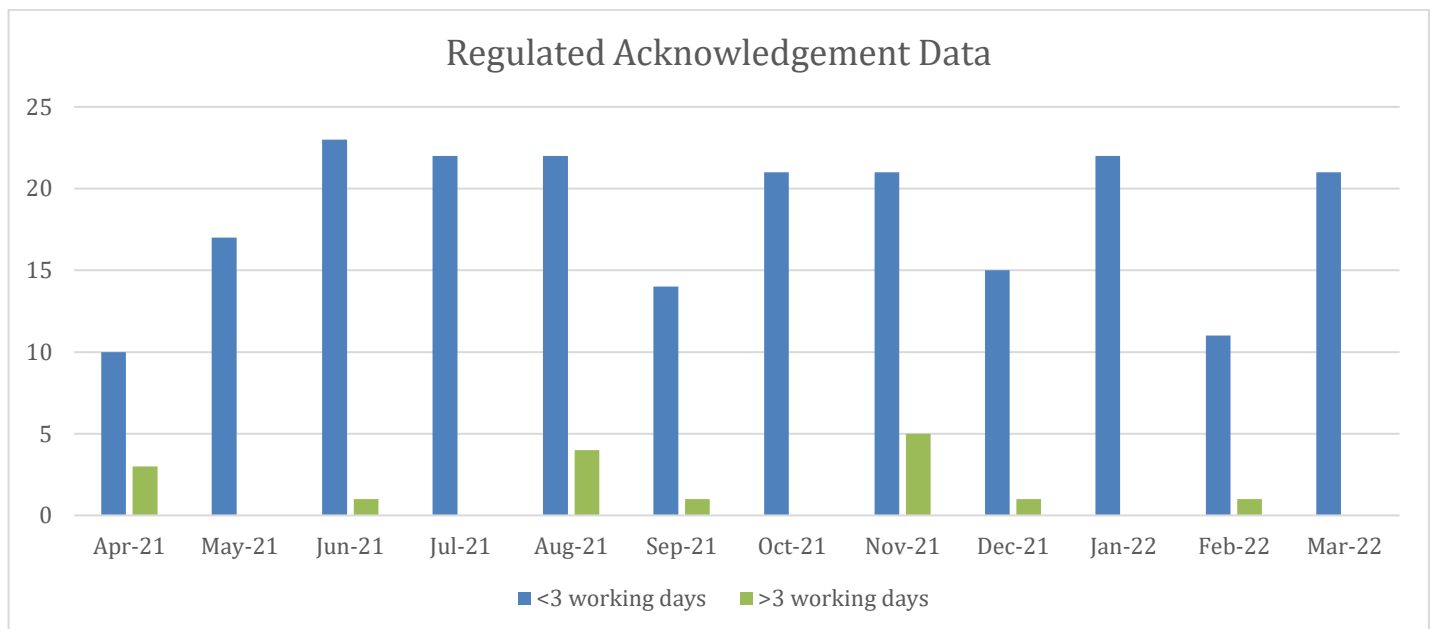
As part of the newly developed triage process being completed by the Complaints Team, it was identified in that the majority of formal complaints being received were more complex in nature and required more initial work to be completed by the team, before being sent to services for investigation. The team continued to work closely with the directorates and colleagues in PALS, to get ahead of any possible trends and themes, in order to put into place agreements to ensure we could work “smarter and not harder”, whilst providing the best possible outcomes for our patients, carers, and families.

Due to a significant increase in the number of re-opened complaints identified early in 2020/21, a “deep dive” was completed to identify any themes and trends as to why complainants were not satisfied with their response and requesting further investigation into their concerns. The review

found that in some cases there was a link between the lack of contact made with the complainant following their initial conversations with the Complaints Team, and the receipt of a final written response, on average being up to three months later. The Complaints Review Group discussed the findings of the deep dive and recommended that revisions to the Complaints Management Document were made to encourage more two-way communication between the investigator and the complainant. The revised document was drafted by the Complaints Manager in collaboration with the Clinical and Quality Governance Manager from Directorate of Mental Health (DMH) and feedback was received from investigators and staff across all three directorates. Following a successful piloting of the revised form, during Quarter 3 of the year where there were no requests for the reopening of complaints, it is proposed that the form is fully implemented in 2022/23

Whilst Quarter 3 and Quarter 4, saw a steady increase in the number of complaints being received by the Trust, the Complaints Team, PALS, and the directorates continue to work together to share information, provide guidance to one another and have forged better, stronger relationships, through regular meetings and contact.

Despite a reduction in number of staff within the Complaints Team in June 2021 and an increase in the number of complaints being received, the Team did acknowledge 93.7% (224) of all complaints received within the regulated acknowledgement timeframe of 3 working days or less. This information is reportable to NHSE through our KO41a quarterly return.



In 2021-22, the Trust responded to 74% of complaints within a timescale agreed with the complainant. This shows a 12% increase in our response rate from the previous year (62%), which was achieved despite each directorate reporting reduced staff capacity due to the continued impact of the pandemic, as well as increased absences due to Covid-19 guidelines for testing and general staff burnout.

Whilst the rise in the response rate has benefited from changes made to the agreed timeframes for investigation, the closer working relationship between the team and the directorates has allowed possible barriers to be identified earlier, the appropriate discussions to be held and the necessary changes made to mitigate the pressure.

Due to number of complaints now being received via email, the team have moved to more digital communication with complainants, where possible, and use our secure Egress system to share consent forms and letters, increasing the speed at which written consent can be gained, allowing

for a more efficient and complainant focussed process. Complainants can now also provide clear photographs of signed consent forms and notes to the team to reduce the amount of time waiting for these to be delivered by post. Additionally, the option to provide the acknowledgment letter and Equality Monitoring Form via email is discussed during the initial contact call with the team and the feedback from complainants about this offer has been very positive.

Case Summary 2

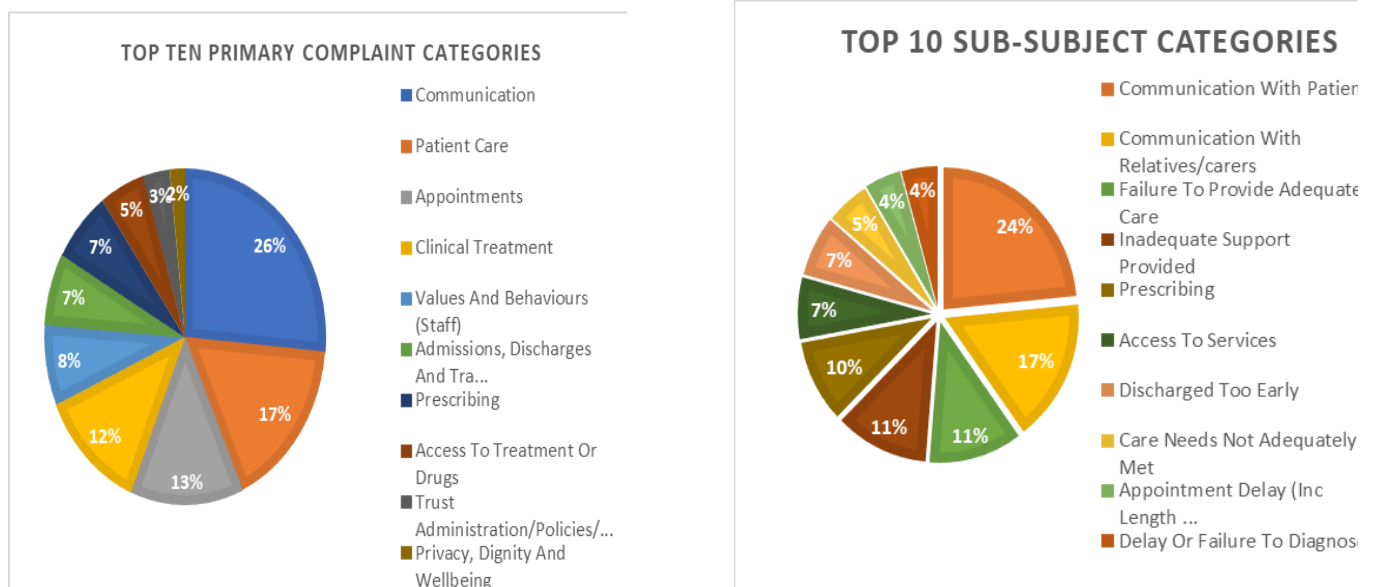
Ms C contacted the Trust after finding her mother in tears following a District Nursing visit.

“Admitting mistakes is a part of developing and allowing all to move forward”.

Following the initial investigation, a response was provided to the complainant detailing the findings. Within 72 hours of receiving the response, the complainant came back and advised that she felt that the reason for her raising the complaint had been misunderstood and whilst she wanted an apology for how her mother was treated, her main aim was for the Trust to learn from the investigation, which she felt was not the outcome she had received. As a result of the service, the Complaints Team, the investigator, and the complainant working together to agree a set of desired outcomes and actions. The response to the reopened complaint has since been received very positively with the complainant offering to work with the Trust, as an independent advisor in the future.

Complaint Trends and Themes

Upon receipt of each complaint, the content is reviewed, and the primary issue logged onto the Trust's complaint management system, Ulysses. The complaint is then further broken down again into a secondary category, which allows more detailed analysis of the themes and trends. The charts below set out the top ten primary and secondary categories for complaints for 2021-22.



In comparison to the previous year, the top two categories have not changed, however, the increase in complaints regarding appointments is not surprising, due to the impact on the waiting lists, as a result of the pause of face-to-face appointments due to Covid-19 guidelines.

Complaint Category	No. featured in complaints	Percentage of total complaints	Historical percentage 2020-21
Communication	61	26%	15%
Patient Care	39	17%	16%
Appointments	30	13%	11%

Case Summary 3

Ms C contacted the service as she felt that neither Adult Mental Health Services nor Family, Young People and Children Services would take ownership of the care and support her son needed and chasing the services was making her ill, impacting on the care she was able to provide her son.

“My son, he's being passed around and he doesn't understand what's happening. They aren't listening to what other health professionals are saying”

During the investigation, it was identified that the communication with the family was not satisfactory and had the services seen the patient face-to-face, they would have recognised that he presented with a complex range of needs, which could only be met by a number of services across the city and county. As a result, the patient was placed on the Dynamic Support Pathway to facilitate and coordinate a multi-agency intervention with the commissioners and to ensure the right care and support was provided to the patient and his family.

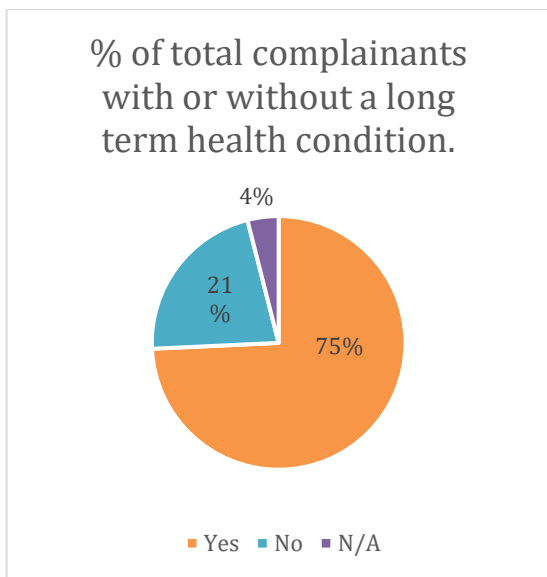
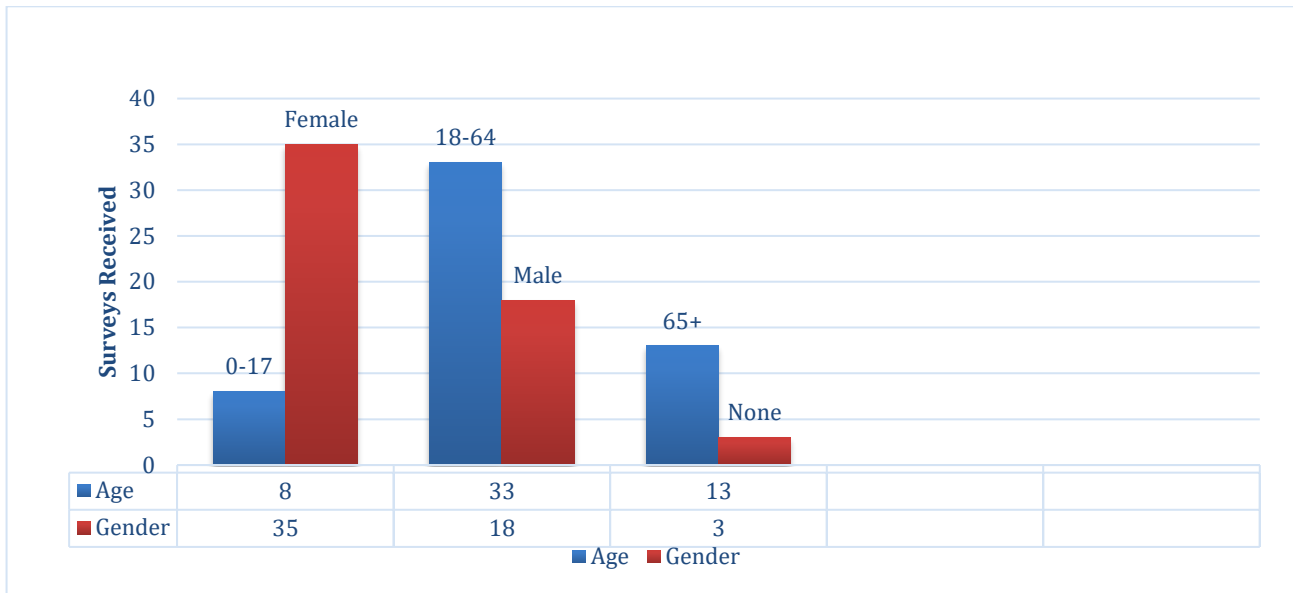
Complaint Demographics

As part of the complaint process, Annually the Equality and Human Rights Team produces an annual report setting out the demographic data of all complainants where possible. The timing of this annual report doesn't align with the annual complaints report and is therefore reported separately to the Trust's Equality, Diversity and Inclusion Patient Experience and Involvement Group and the Complaints Review Group, this is also published by the Trust. . We also have to report on certain identified demographics as part of our national return.

In order to improve the capture and reporting of the demographic breakdown of our complainants an Equality Monitoring Form (EMF) is sent out to each complainant with their formal acknowledgement letter. This form is not mandatory; however, we use the data collected from returned forms to monitor the demographics of those accessing the complaints services. During the 2021/21 the Complaints and PALS Team undertook a joint review of the information being requested in the EMF in order to improve collection. As a result, a new form was created with oversight from the Head of Equality, Diversity and Inclusion and the new form continues to be sent out to all complainants to obtain up-to-date information on patient demographics, which strengthens our understanding of those service users raising concerns and how we can shape our services to be inclusive of hard-to-reach groups.

During the year, 56 completed forms were received from complainants and the responses are broken down below. This data is being provided as a snapshot within this report and 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.

The graphs and charts below set out the breakdown of the data collected:



Sexual Orientation		Ethnicity	
Bisexual	3	White British	49
Gay/Lesbian	1	Asian/Indian	4
Heterosexual	45	Black/British/Caribbean	1
Prefer not to say	5	White Other	1
N/A	2	Mixed White/Asian	1

The data above has highlighted that there has been a significant increase in complaints raised by female complainants in 2021-22 in comparison to the even split in the previous year. This could be attributed to the types of complaints we have received, with a marked increase in complaints from parents regarding waiting lists.

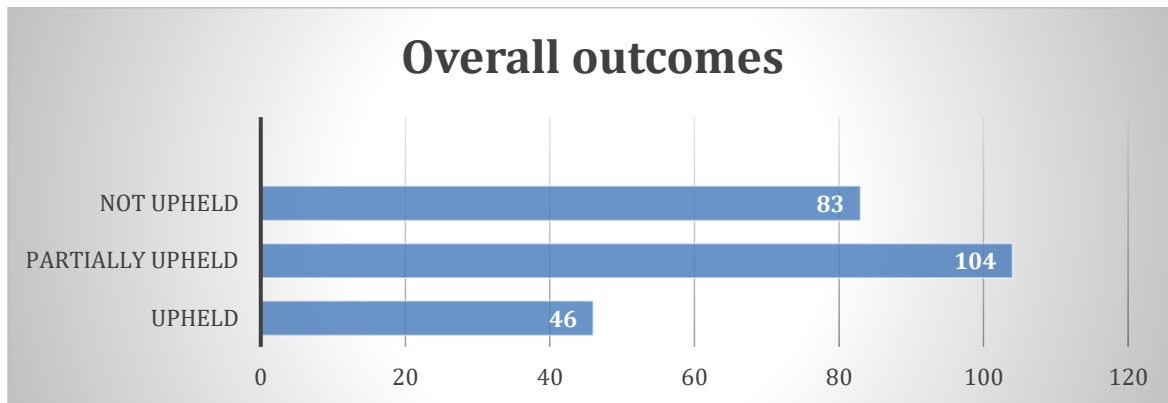
As has been the trend for the past number of years, the majority of complaints received were from those within the 18-64 age bracket and from a White British ethnicity background. It is important to note that this data does not reflect all complaints received, as this data is taken from just over one fifth of the overall number of complaints received.

Outcomes of Complaints

The outcome from a complaint is categorised in line with the KO41a national return requirements set out by NHS England and the outcomes can be as follows:

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 overall outcomes provided in 2021-22, however, this does not include those complaints that were either withdrawn or are currently ongoing.



Between 1 April 2021 and 31 March 2022, the trust upheld or partly upheld 63% of our complaints (150 of 239 received) which is very close to the figure, 62% recorded in 2020-21. In these cases, we found a failing(s) in the care provided and in some cases an opportunity for learning was identified. 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, where applicable. The team completes a quarterly review of any outstanding actions in the trust, to ensure these are completed and closed off the system. During the year, 2 complaints were withdrawn by the complainant.

We upheld or partly upheld 63% of our complaints

Further Local Resolution

Reason	Number of Complaints
Response did not address all issues	10
Disputed the information provided	5
Unresolved issues	18
Complainant raised further issues	1
New Questions	2

Between 1 April 2021 and 31 March 2022, 36 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 left shows a breakdown of why complainants were unhappy with their response and as a result, their complaints were reopened for further investigation.

Of those complainants 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 continues to encourage this approach, as we appreciate the benefit of having the opportunity to discuss concerns in person, where immediate questions can be responded to and anything additional can be taken away and a response provided either verbally or in writing at a later date.

The reduction in those complainants that have come back to us unhappy with their initial response is testament to the work that the Trust has undertaken to triage effectively all cases received, to improve the quality of complaint responses and to work more collaboratively with both the services and complainants to come ensure the right process is followed. As noted above, the Trust did not register any reopened complaints in Quarter 3 of 2021-22 and it is our aim going in 2022-23 that this will remain a trend.

Learning from Complaints

The Complaints Procedure was initially created to allow Trust's to recognise when a patient's care has gone wrong and to use this experience to learn and make improvements to ensure that the care and treatment provide for everyone accessing the service is optimised. Complaints are a valuable source of feedback and a huge opportunity to bring about positive change within the services that we provide. In addition to sharing complaints directly with the staff involved in the care, complaints are also shared at directorate governance meetings, which feed into the Trust's Complaints Review Group and then the 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 have rolled out new record keeping process for insulin to avoid medication errors for patients who receive both day and evening District Nursing care.
- A template has been created for Single Point of Access (SPA), to receive referrals from patients and relatives with prompts for all relevant information. The aim of the template is to allow SPA to action self-referrals into Community Therapy, which has not been an option previously.
- Based on the "deep dive" completed into the number of reopened complaints received in Quarter 2, a new Complaints Management Document has been developed for the Trust.
- Following several complex complaints received by the Trust, there has been a number of trial processes created to ensure each complaint is reviewed on its own merits and we complete a robust and comprehensive investigation, even if this is across directorates, across processes or across agencies.

Parliamentary and Health Service Ombudsman (PHSO)

2021-22 saw several complainants refer their cases for review to the PHSO, however, no cases were formally investigated during the year. Although this is a testament to the work being completed within the Trust and the continued collaboration between the directorates and corporate teams to provide better outcomes first time. It is noted that there has been a slight increase in the number of cases being referred to the PHSO and having spoken to the PHSO Team, they have

also advised that due to the impact of the Covid-19 pandemic, in respect of the national pause, they have accumulated a backlog of cases. Having reviewed the data since 2016-17, 2021-22 is the first year where no complaints have been formally investigated by the ombudsman and this should be acknowledged.

Developments in 2021-2022

Due to the continued impact the pandemic has had on the Trust, the delivery of complaints has remained fluid throughout 2021-22 to allow us to ensure we continue to deliver high quality investigations in a fair and reasonable timeframe.

The key developments during 2021-22 have been:

- The Complaints Team along with the Clinical Governance Manager from DMH, have created a new Complaints Management Document (CMD), to go live in 2022-23 with the hope that this will change the way in which investigations will be completed and bring the patient, carer, or family back into the process
- Continued improvement in links between the team, directorates, and executive board, ensuring that the quality of the work we complete is to the highest standard, whilst placing the patient at the centre of everything we do.
- More team visibility and provision of direct support to directorates and investigators via phone and teams. One to one sessions offered for new investigators if required.
- Introduction of phone call log to ensure that we have an audit of any calls received where attempts have been made but we have been unable to speak to the individual.
- Creation of a Pending Complaints Process to ensure that when consent is requested this is chased and the case closed if no response received, with the option for this to be reopened at a later date when the consent is in place.
- There has been a significant increase in the attendance at the Complaints Review Group (CRG) from all directorates, with additional staff from Pharmacy, Safeguarding, Patient Safety, Involvement and Legal dropping into meetings or being permanent members. This has led to wider discussions and more opinions being gathered about the topics being presented.
- Discussions have now begun to set up a meeting with the relevant Trusts in the area, along with our local NHSE office, to agree processes for Multi-Agency Complaints, differing timeframes across different agencies, the consent process for sharing and another other relevant concerns. It is hoped that this can be a quarterly meeting and agreements can be made to benefit all parties.
- Following discussions at the Complaints Review Group, it was agreed that during Head of Service (HOS), the relevant Head of Nursing (HON) would be sighted on all responses to provide their input, where applicable early in the sign off process and to further ensure clinical oversight for quality and patient safety.

Focusing on the future

The focus of the Complaints Team for 2022-23 will be to:

Improve the quality of our complaint investigations and responses

- Trial the new Complaints Management Document across the Trust
- Work in collaboration with directorates and Trust staff to understand training needs
- Develop a training offer for all staff in respect of complaint process
- Develop a refresher training offer for all staff in respect of complaint responses with the Intranet being the main data source.

Reduce the length of time taken to complete complaint investigations

- Reduce the timeframes for investigation from 45 working days to 40 working days throughout the year. This will be done in collaboration with the directorates.

Implement the findings of the PALS Review

- Complete discussions with relevant parties and write report on findings
- Present findings at Complaints Review Group
- Implement recommendations from review throughout the year.

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

Governance table

For Board and Board Committees:	Trust Board 27.9.22	
Paper sponsored by:	Anne Scott, Director of Nursing, AHPs and Quality	
Paper authored by:	Alison Kirk, Head of Patient Experience, and Involvement	
Date submitted:	13 September 2022	
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 – 11 th August 2022	
If considered elsewhere, state the level of assurance gained by the Board Committee or other forum i.e., assured/ partially assured / not 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
	Reaching Out	
	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:		