

Annual Complaints, Concerns, Enquiries and Compliments Report for 2022-23

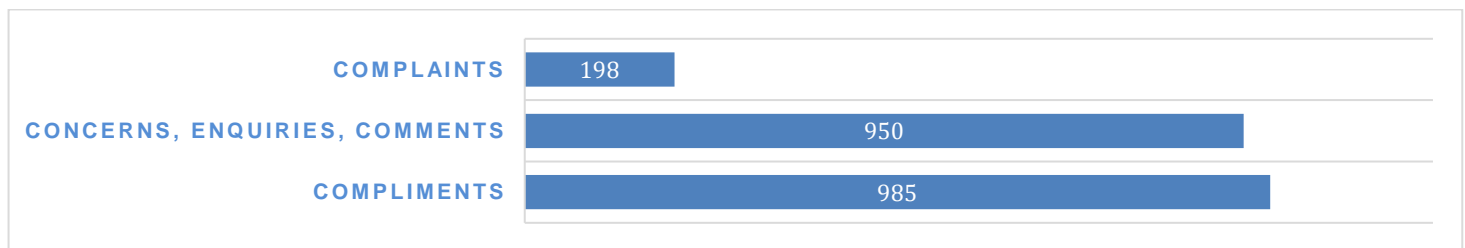
Introduction

The Leicestershire Partnership NHS Trust welcomes both positive and negative feedback from patients, families, and carers in respect of their experience of our services and views this feedback as a valuable way of learning and improving our patient experience, as well as a way to bring about change to the services we provide.

In this report we have included feedback received by the Trust during 2022-23, with the aim of providing the reader with an overview of the complaints, concerns, enquiries, comments, and compliments received, whilst highlighting the Trust's overall regulatory performance, as well as the learning and the changes to process made throughout the year, which we hope will have a positive effect on the experience of those who contact us. 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 2022-23, the Trust received 2,133 individual pieces of feedback in relation to complaints, concerns, enquiries, comments, and compliments, which is a 22% increase on the previous year. The following graphics break down this data in more detail:



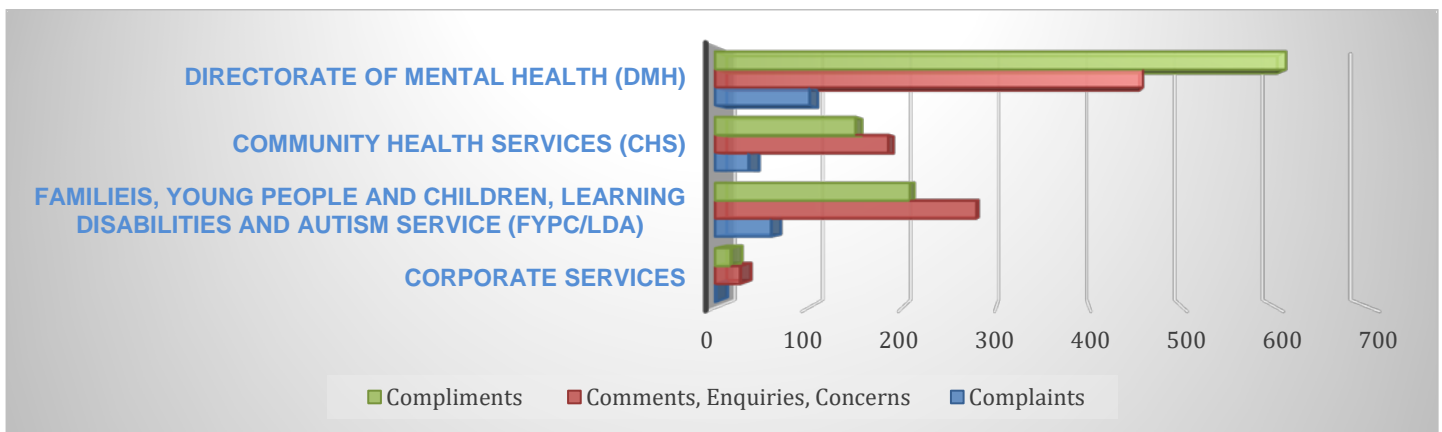
The top three concerns, enquiries and comments received:

Concern/comment category	Number received	Percentage of overall concerns/comments
Communication	216	23%
Patient Care	178	19%
Appointments	153	16%

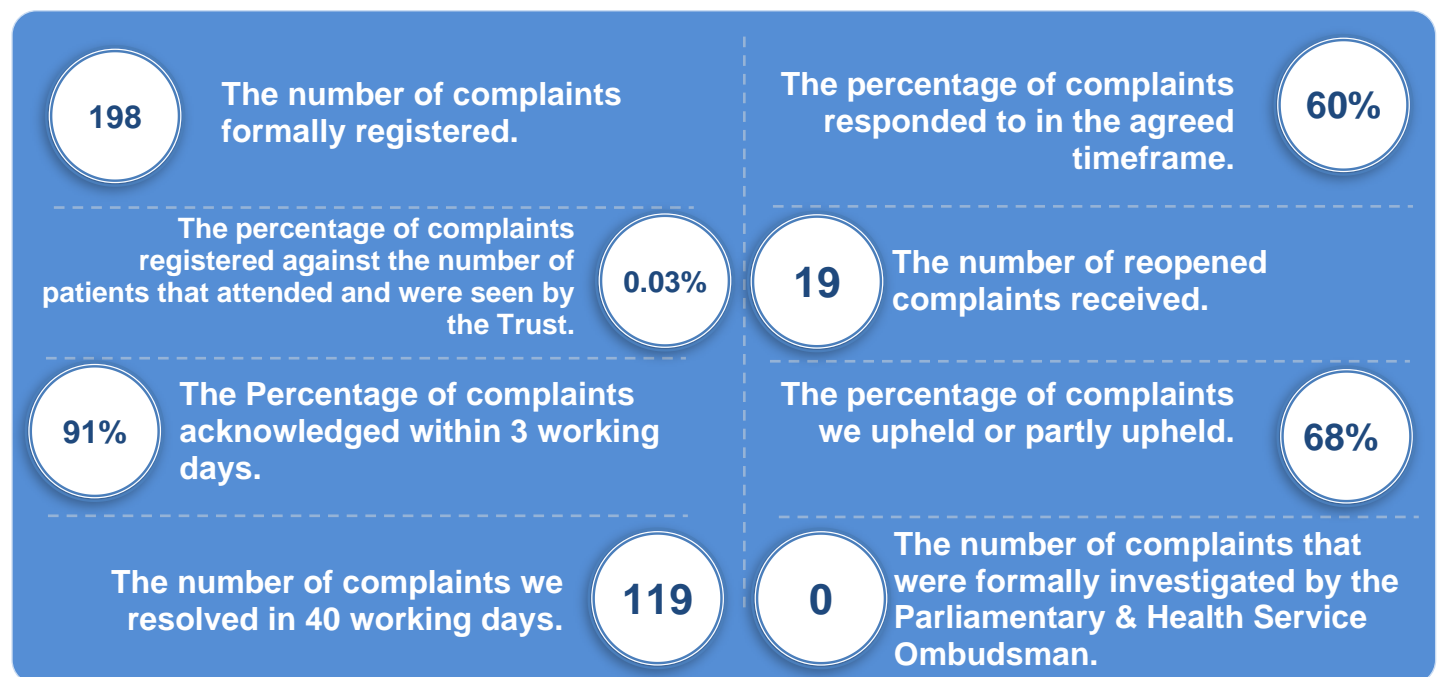
The top three compliments received:

Compliment category	Number received	Percentage of overall compliments
Compliments	772	78%
Patient Care	164	17%
Values and Behaviours (Staff)	29	3%

Breakdown of feedback received by Directorate:



Focus on Complaints



Complaints Received

During the period from 1 April 2022 to 31 March 2023, the Trust registered 198 formal complaints; a 17% decrease from 239 registered in the previous year. This reduction is a testament to the way in which the Complaints and PALS Team are working together with colleagues in Patient Safety, Safeguarding, Legal and many other areas, to ensure that cases received are triaged appropriately and a collaborative decision made as to the avenue of investigation., We have noted that this approach has led to a reduction in the number of complaints being registered and concerns being managed formally through the complaint process. Through effective triage and management by directorates concerns are being deal with much more quickly and are, leading to a general improvement in the experience of raising concerns with the Trust.

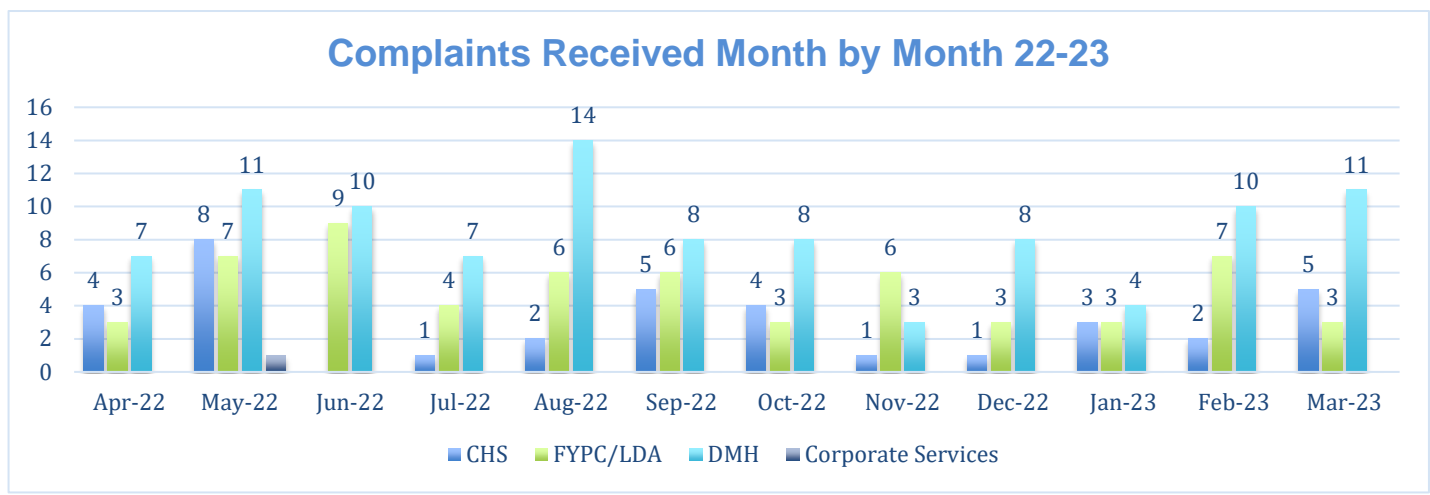
Since 2020-21, the Trust has continued to move towards a more patient focussed approach to complaints, with collaboration and communication across all areas key to the provision of an effective and efficient service, as well as a better patient experience. Through training and being visible and available to our colleagues across the Trust, staff have felt empowered to take ownership at first point of contact, thus reducing the number of contacts coming through the Complaints and PALS Team. Whilst this approach, coupled with the teams move to speak to those

who contact us, where possible, has led to an increase in the number of concerns being registered across the Trust in 2022-23, this is seen as a positive, reducing the amount of time patients, families and carers are waiting for a resolution.

The team have continued to communicate regularly with the directorates. One example of this has been with the Speech and Language Therapy, Children’s Physiotherapy and Community Paediatrics, working collaboratively to agree strategies to reduce the number of concerns and complaints, where specific pressures on the service or a change in the service provision has been identified. These types of communications have allowed the teams to stay ahead of any potential themes or trends and has ensured that consistent verbal and written responses are provided.

In the first quarter of the year the Trust adopted the new Complaints Management Document (CMD) across all areas, and this has made a significant difference in how we communicate with complainants, as well as giving the directorates the assurance that all issues regarding consent, Patient Safety and Safeguarding issues have been considered before the complaint is shared with them. This has allowed Lead Investigators to begin their investigation upon receipt of the paperwork, thus leading to swifter outcomes overall.

Below is a breakdown of complaints received by month:



As noted above, in 2022-23, the Trust received 198 formal complaints and below is a breakdown of these figures by directorate with a comparison against the previous 3 years.

	22-23	21-22	20-21	19-20
Total Complaints Registered	198	239	188	235
Directorate of Mental Health	101	120	101	101
Community Health Services	36	66	39	82
Families, Young People and Children, Learning Disabilities and Autism	60	51	46	50
Other	1	2	2	2

The Directorate of Mental Health (DMH) received the highest proportion of complaints within the Trust. The directorate continue to offer face to face local resolution meetings, where possible, which has allowed discussions on the issues being raised in a more informal environment, leading to improved and more accepted outcomes. The majority of

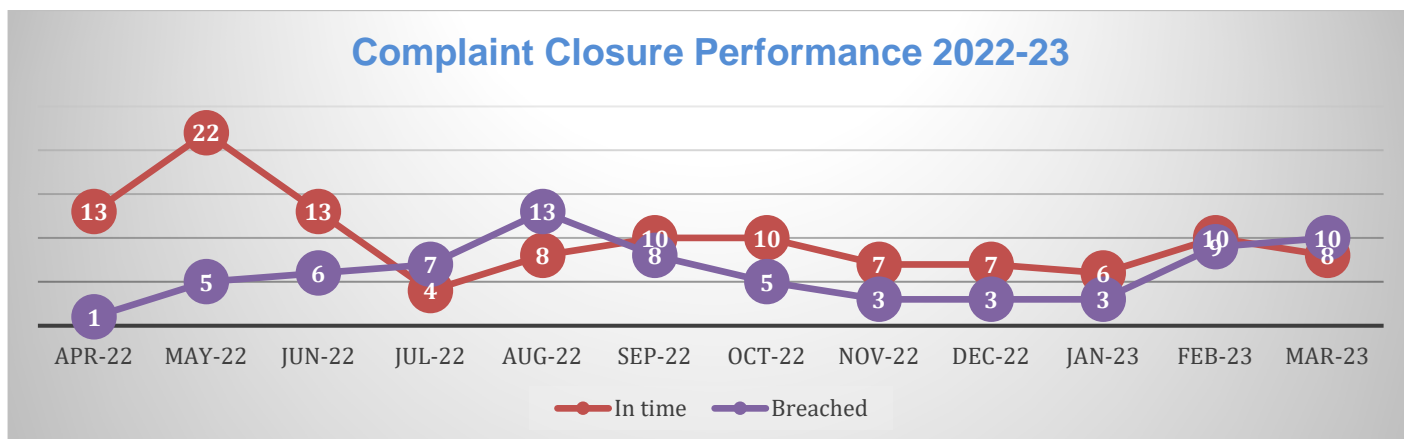
concerns and complaints received by the directorate related to Community Mental Health Teams (CMHTs) with (46%) of all concerns received. The Directorate continue to feed these concerns into the work that is underway to improve access and treatment through the Step up to Great Mental Health Transformation programme.

During the year the directorate of Families, Young People and Children, Learning Disabilities and Autism (FYPC/LDA) saw an increase in concerns and complaints compared to previous years. These were related specifically to Community Paediatrics and Children, Adolescent Mental Health Services (CAMHS) and were due to the increasing number of referrals being received and the impact this is having on the already lengthy waiting lists. 58% of cases received for FYPC/LDA related to these areas alone.

Over the year, Community Health Services (CHS) has seen an increase in the number of concerns and complaints being received relating to District Nursing services across the city and county, with 36% of all cases received relating to these areas. Additionally, we have seen an increase in contact through the Complaints and PALS function regarding District Nursing services, where elements of patient safety have been considered. The team have worked closely with the directorate and the Patient Safety Team to ensure these cases are triaged appropriately before an investigation begins.

Complaints Regulatory Response Rates

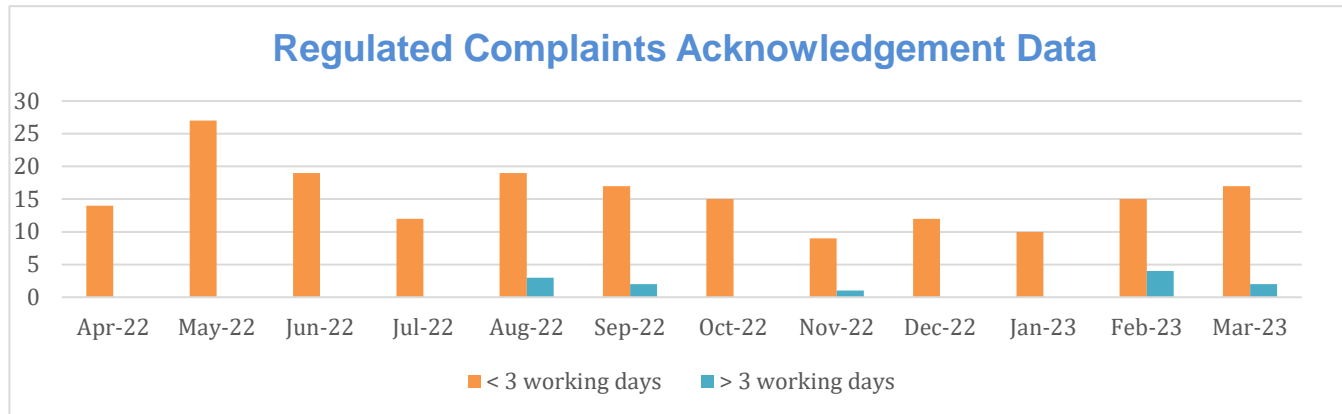
In Quarter 1, the Trust continued to apply a 45 working day timeframe to the investigation of all new and reopened complaints. This was reduced to 40 working days in August 2022 to bring the Trust in line with other local NHS organisations. Although this timeframe did benefit the Trust in terms of its overall performance in the first quarter of the year, due to pressures with staffing, sickness, annual leave, and the increased complexity of the cases being received, overall performance did decrease throughout the year, with the Trust closing 63% of all cases within their given timeframe. This is a 15% decrease from the previous year and a 1% increase on the figures from 2020-21.



Whilst we are aware that the Trust is significantly short of its target of 90% performance, we recognise the increased pressures experienced by the services, as well as those involved in the quality assurance and sign-off process. We continue to communicate with the directorates and try to break down any barriers to closure, where possible. In 2022-23, the Complaints and PALS Team continued to offer weekly virtual drop-in sessions to all staff, to discuss complaints and concerns, as well as any other feedback they may have received. Those who have attended the sessions have commented how helpful the direct discussions have been and how it made them feel more confident to begin their investigation and understand what was expected of them as investigators, both by the Trust and the complainant. Additionally, the team have offered more virtual and face-to-face PALS and Complaints training, as well as bespoke training sessions across the Trust, which coupled with the increase in investigators being trained internally, specifically in areas which tend to see the highest proportion of complaints, should have an impact on the rate of closure and overall performance of the Trust. The services have also

recognised some of the challenges faced by investigators and continue to offer internal support where required.

As the team have continued to receive significant contact via email and following feedback from patients, families, and carers, the team have moved on from using Egress, which was felt to hinder the process. We Transfer is now being used, which is quicker and easier to access, to enable the sharing of consent forms and letters, increasing the speed at which complaints can be formalised and allowing for a more efficient and complainant focussed process.



The Trust achieved a 91% acknowledgement rate for complaints within 3 working days or less, as per our regulation requirements. Whilst continuing to adopt a patient focused process, where initial contact and discussions with the complainant were key to de-escalating complaints and reducing the overall pressure on the services to commit staff to a longer formal investigation process. Whilst this figure is slightly lower (2.8%) than the previous year, it is recognised that the team continue to hit their required target of 90% or above year on year.

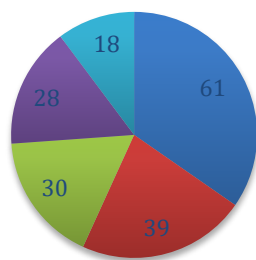
Complaint Category	No. featured in complaints	Percentage of total complaints	Historical percentage 2021-22
Patient Care	58	27%	17%
Appointments	34	17%	13%
Communication	30	15%	26%

Complaint Trends and Themes

Upon receipt of each complaint, they are triaged and logged in line with a primary category, with this category being further broken down into a subcategory. Significant work has been completed both within the

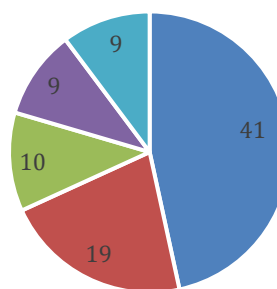
team and in conjunction with the directorates through the Complaints management Document, to ensure logging is as accurate as possible, as this information forms part of the NHSE KO41a yearly return, which shows the Trust's performance in all regulated aspects of the process and also the areas where the Trust receive the most contact.

Top Five Primary Complaint Categories



- Communication
- Patient Care
- Appointments
- Clinical Treatment
- Values and Behaviours (Staff)

Top Five Sub Categories



- Inadequate Support Provided
- Appointment Delay (including length of wait)
- Communication with Relatives/Carers
- Communication with Patient
- Failure to provide adequate care

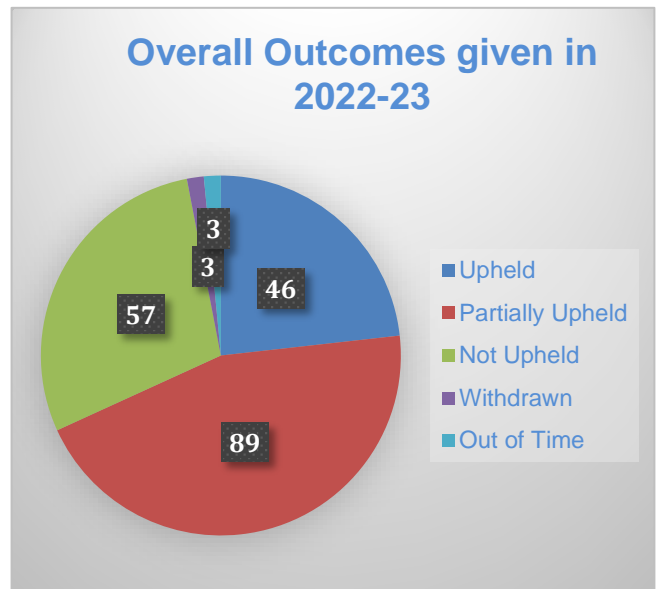
Although the top complaint categories remain the same as the previous year, you can see from the information above that cases logged against Patient Care have increased significantly since the work on categories has begun, with cases logged against Communication showing a significant decrease. Going into 2023-23, the team and Trust aim to continue its work on categories to ensure that all reporting on issues pertaining to complaints and patient safety are reported as accurately as possible to our regulators.

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.

Between 1 April 2022 and 31 March 2023, the Trust upheld or partly upheld 68% of our complaints (135 of 198 received) which is a slight increase in comparison to last year's figure of 63%. 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. During the year, 3 complaints were withdrawn by the complainant and 3 complaints were responded to under the Out of Time process.



We upheld or partly upheld 68% of our complaints

Further Local Resolution/Reopened Complaints

Reason	Count
Response did not address all issues	11
Disputes information	1
Unresolved issues	2
Other	1
New Questions	4

Between 1 April 2022 and 31 March 2023, 19 complainants got back in touch, as they were unhappy with their initial response, which is a 59% decrease on the previous year (36) and a 62% decrease from 2020-21 (42). 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.

The significant reduction in the number of reopened complaints in 2022-23 is testament to the hard work which has been completed both in the Complaints and PALS Team and also in the directorates and the wider Trust to think differently about complaints and what we can do to make the experience better for those who contact us, including the offer of local resolution meetings, sharing of good practice and continuous open discussions between the teams.

Complaints Peer Review

In 2022-23, the team facilitated three Complaint Peer Review sessions, which took place in July and October 2022 and February 2023. Overall, 45 people attended the sessions from all areas of the Trust, both clinical and non-clinical, with 5 of the attendees having lived experience, as a service user or carer. In total, 8 complaint files and 2 Duty of Candour letters were reviewed, across all three directorates, with 122 pieces of individual feedback captured, along with additional feedback through tabletop discussions. These sessions and the feedback collected have led to significant changes being made to the Trust's acknowledgement and final response letters, with the removal of certain words and phrases, which participants noted made the letter feel very corporate. Following the feedback, the team also removed the Equality Monitoring Form from the acknowledgement process, as it was felt that asking a complainant to complete this was not appropriate. Whilst the changes made as a result of the sessions have been welcomed, it has been acknowledged by several attendees that following the sessions, they found themselves thinking about complaints and how to respond differently.

In 2023-24, the team aim to facilitate more Peer Review sessions, shifting their focus from communication to the "I Statements", around outcomes and learning.

Learning from Complaints Process

It is important that we recognise when a patient's care has gone wrong and to use this experience to learn and make improvements. Complaints are a valuable source of feedback and an opportunity to bring about positive change. 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 some examples of improvements made across the Trust in direct response to complaints received in 2022-23:

- Case Alert Referral Process has been designed to provide early updates to relevant members of the Executive Team, as well as our Communications, Legal, Safeguarding, Patient Safety and Patient Experience Team, to ensure there are early discussions and considerations about how to manage cases, where a possible future media or legal enquiry has been identified.
- In DMH, a Quality Improvement project has begun in conjunction with the Patient Safety Team, in response to an increased number of contacts in complaints and patient safety regarding the lack of understanding of patients with an Autism diagnosis, who are admitted to our acute mental health wards. It is hoped that following this project, one of the wards at the Bradgate Unit will be Autism friendly, environmentally and with the upskilling of staff.
- The PALS Review has led to a clear process being put in place, which has allowed the Complaints and PALS Team to have better conversations and de-escalate cases through the informal process.
- The Complaints and PALS Team completed the closure of over 1600 outstanding actions, which has led to each of the directorates making significant improvements to their process for the sign off of outstanding action plans. This work is then fed back into the CRG each month to provide additional assurance.
- Discussions with FYPC/LDA has led to an agreed approach to contact and responses relating to the waiting lists for CAMHS and Paediatrics.
- All directorates have ensured that the Head or Deputy Head of Nursing has oversight of all responses being signed off through the complaints process.
- CHS have implemented a new process for extensions, which requires the Lead Investigator to request this to be signed off by the Head of Service, Head of Nursing or Director before being sent to the Complaints and PALS Team to action. This has led to a reduction in the number of extension requests overall and a more practical approach to the allocation of cases.
- Feedback from service users and complainants, has also led to changes being made in our Complaints Satisfaction Process and the production of a new, more accessible contact poster.

Although we are aware that there is still work to be done, it is clear that the changes which have been made in the past 12 months have led to a more patient centered approach to contact received by the Trust and several compliments have been received in light of those changes, some of this feedback has been noted below.

"Thank you for your time, advocacy, and support."

"A 5-star service."

"You're the one person that was always bothered."

"Thank you for listening."

"Thank you for providing me with closure following my sisters passing."

"A sensible approach, thorough in management and investigation."

Looking towards 2023-24

The focus of the Complaints Team for 2023-24 will be to:

Continue to improve the quality of our complaint investigations and responses.

- Work in collaboration with directorates and Trust staff to understand training needs.
- Develop a training offer for all staff in respect of the complaint process.
- Deliver bespoke and refresher training across the Trust for both PALS and Complaints processes.

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

- Independently review of a number of complaints to identify trends and best practice, with a focus on the I-Statements especially actions and learning from complaints.
- Application of findings and recommendations from the Peer Review process.
- Listen, Learn, Act.
- Use the information contained in satisfaction surveys in conjunction with the Peer Review process.