

Paper Title: Annual Complaints Report 2014/15

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A requirement of the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 is that each Trust publishes an annual report providing the following information:

1. The number of complaints received;
2. The number of complaints with which the Trust decided were well founded
3. The number of complaints referred to the Ombudsman of which the Trust is aware of; and
4. A summary of the subject matter of the complaints, any matters of general importance arising from the complaints and any actions taken to improve services as a consequence of complaints.

On a small number of occasions, the level of service provided might be below an expected standard. We are never happy when this happens and will make every effort to handle complaints directly and quickly, with fairness and with confidentiality. As part of our drive to receive real feedback on our services we welcome comments from the people who use our services and their families. There are always lessons that can be learnt, either locally or more widely across the Trust. Services can always improve as a result of listening to individual experiences.

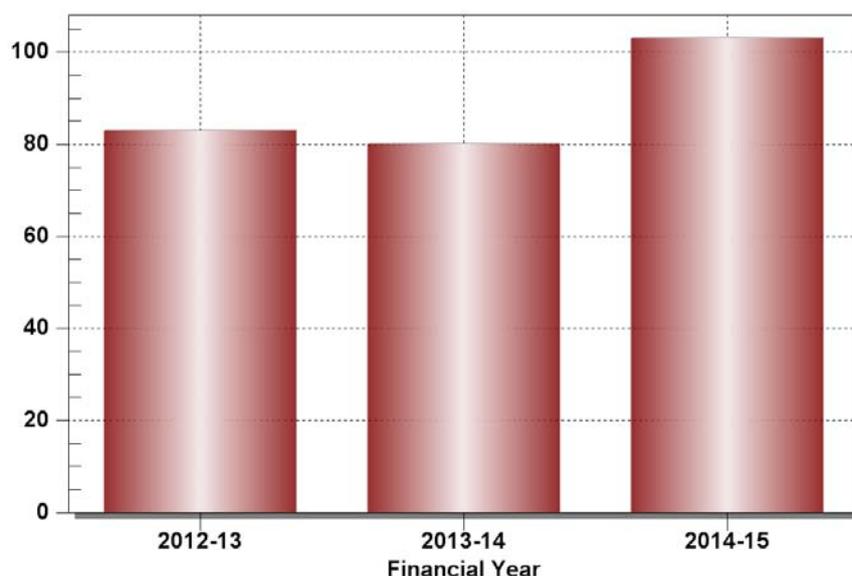
The Trust's Chief Executive has overall responsibility for ensuring compliance with the arrangements made under the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009. The Chief Executive (or designated other) responds in writing to all formal complaints raised with the Trust. The Trust Board performance monitors complaints via quarterly reports to the Quality and Safety Committee, which is chaired by a Non-Executive Director of the Trust Board.

Background/Introduction

This report has been developed by the Patient Advice & Complaints Department to ensure Trust Board oversight of the compliance against the Trust's registration with the CQC. Additionally it supports the Trust's aim to learn from concerns and complaints raised and improve service delivery by identifying any high level themes and trends arising.

1. Complaints and PALS – Statistics

The following table shows the number of formal complaints received during the period ending 31 March 2015, in comparison with previous years.

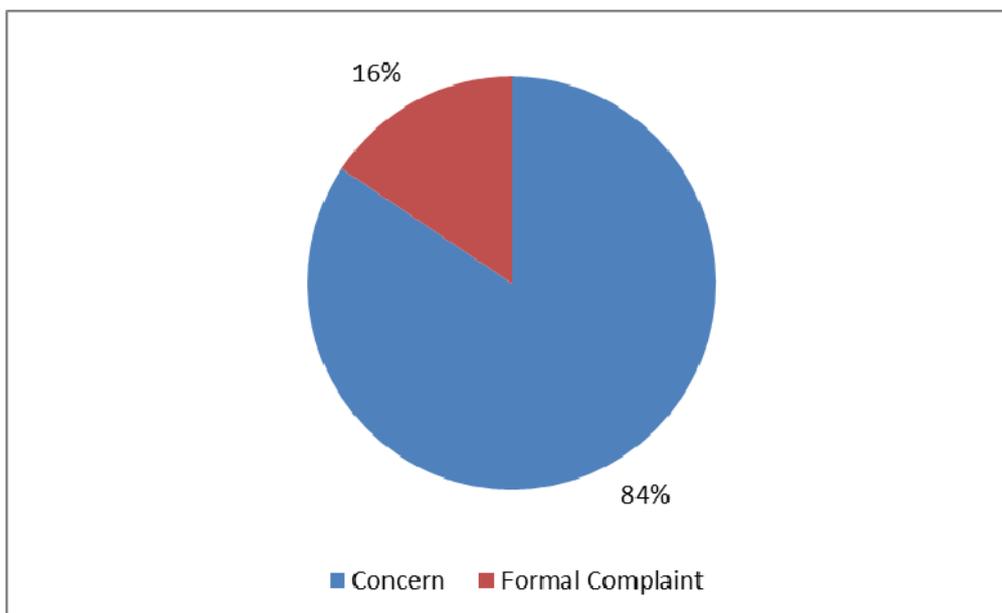


The Trust received 102 Formal Complaints during in 2014-15. Of the 102 received 5 were withdrawn or resolved locally by Managers. The increase in complaints reflects the national trend in the NHS over recent years. The Patient Advice & Complaints Department has also taken steps raise awareness of how a concern/complaint may be raised, including the redistribution of publicity in June 2014 and offering training sessions to staff. This, along with increased media interest in the NHS and complaints, may have increased awareness of the complaints process amongst both service users and staff.

Whilst the rise in complaints could be considered negative, as an organisation we encourage the receipt of complaints and, in line with the findings of the Francis Report, ensure they are high priority on the Trust's agenda in identifying issues and subsequently learning lessons.

There were 25 interagency complaints, either co-ordinated by the Trust or by the other organisation. Anyone who formally complains is advised of the advocacy services available to them. Of the complaints received in 2014-15, 12 complainants have been supported by advocacy services.

During 2014-15 the team dealt with 555 Concerns and 540 enquiries compared to the previous year which was 464 and 466 respectively. The percentage breakdown of concerns compared with formal complaints is shown in the pie chart below and this demonstrates that most concerns are resolved at a local level.



% breakdown of concerns against formal complaints made during 2014-15

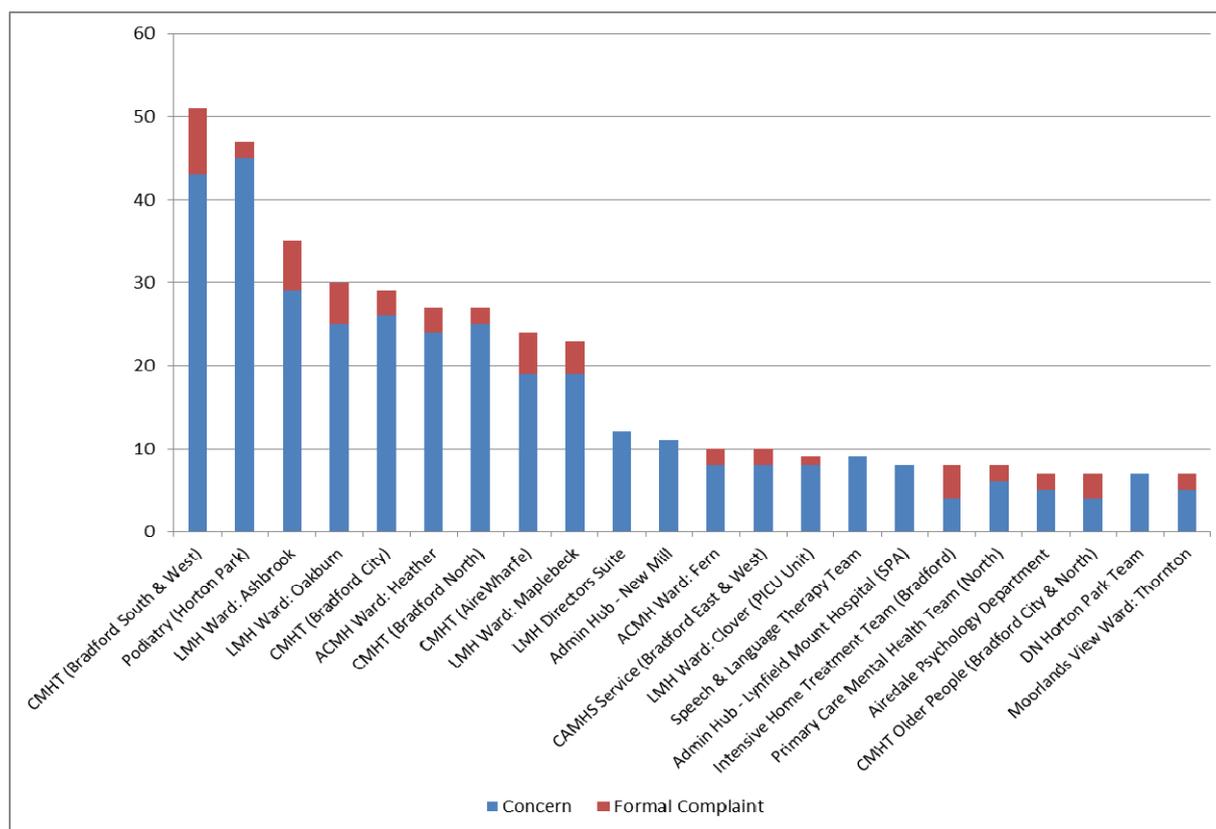
1.1 Number of formal complaints and % against performance targets 2014-15

	Total No. complaints received in Quarter	Number acknowledged with 3 working days	Number closed within original timescale agreed with complainant	Number resolved with agreed extension to original timescale	Number resolved in excess of agreed timescale	Number still under investigation and within agreed timescale
1	27	27 (100%)	23 (85%)	5 (15%)		
2	25	25 (100%)	21 (84%)	4 (16%)		
3	26	26 (100%)	21 (80%)	5 (20%)		
4	24	24 (100%)	19 (79%)	5 (19%)		

The Trust is required to acknowledge all formal complaints within 3 working days; we are 100% compliant with this target. The complaints where the Trust has exceeded the agreed timescale for formal response to their complaint were reviewed. The reasons for this varied:

- Managers/Executives requested further information/investigation of issues before the findings and outcomes were signed off;
- Where a response has been co-ordinated with other organisations there have been occasions where sign off from all organisations has delayed a response; and
- On occasions the investigators have not been able to meet the agreed deadline due to unavoidable leave, thereby delaying the response.

2. Formal Complaints and PALS concerns received by Department in 2014-15



*where a combined total of Complaints and PALS is below 7 they have been excluded from the graph, apart from Formal complaints.

CMHT's and in-patient services feature highly in complaints and concerns which is consistent with previous years.

In patient services - There is high reporting of concerns and complaints within in-patient services. This is possibly attributed to the presence of Patient Advice and Complaints staff at Lynfield Mount hospital and their attendance at ward meetings. In response to complaints about attitude of staff all in-patient staff completed customer care training and participated in the 'hello my name is....' campaign. Following the delivery of this training there was a decrease in complaints about staff attitude.

A number of complaints were received about the discharge and leave process from the ward. In 2015 In-patient services have introduced a recovery pack for patients to take with them on leave or discharge and the Intensive Home Treatment Team now provides support for patients at home during periods of leave.

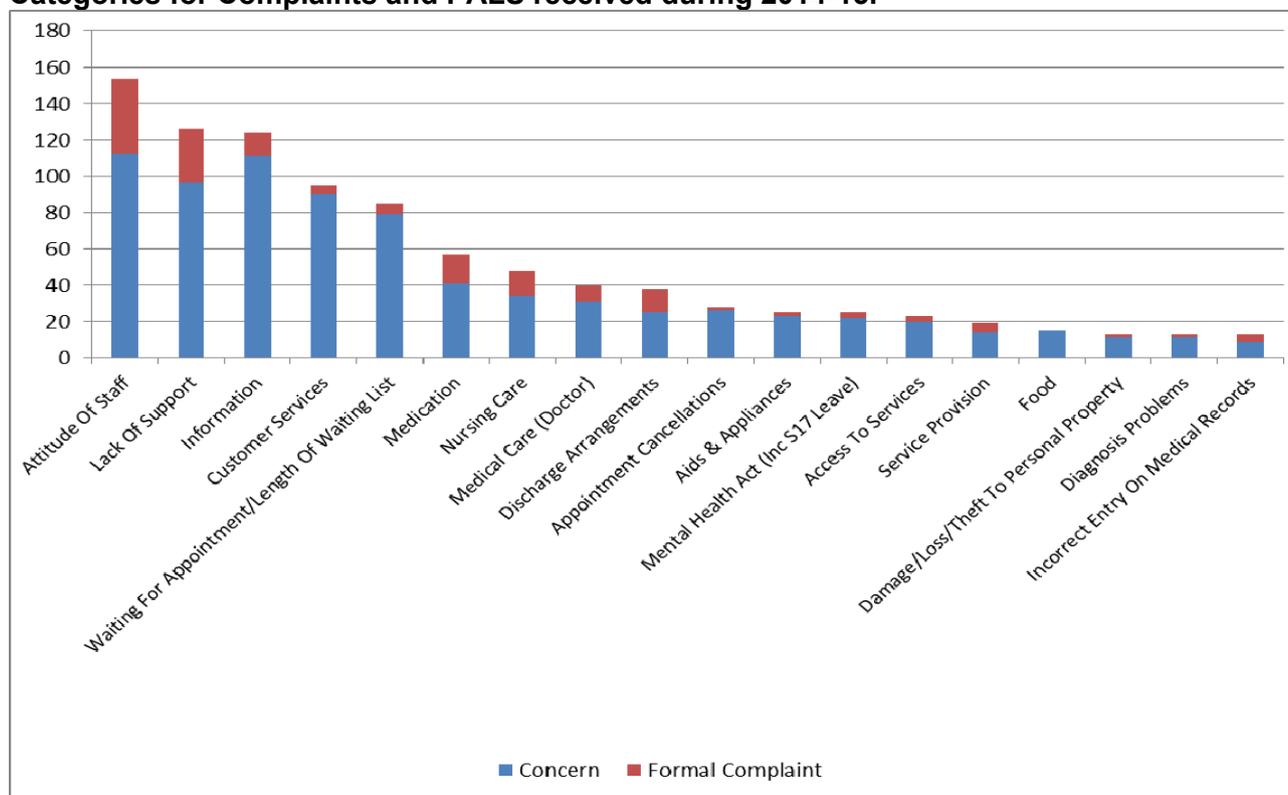
South and West Community Mental Health Team (CMHT) – Work has taken place in a number of areas in the team including a peer review was held in September 2014. This involved the reviewer, a patient safety colleague from Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH), undertaking a desk top review of all the issues in scope and triangulating this with a series of meetings with relevant team managers, serious incident investigator, locality manager, complaints manager and community service manager in order to identify any themes that needed attention. This resulted in a learning & sharing session with the team and a consequent development plan designed to focus on specific issues.

The Trust has implemented a revised caseload management policy and the team managers have implemented it with positive results. A Process of managing urgent referrals and out of hour contact with services has been redesigned to provide a quicker and safer initial response.

Podiatry - The Head of Service for Podiatry was asked to review complaints for Podiatry Services during Quarter 3. The review identified that the concerns usually related to follow up appointments. Of these concerns complaints, 66% were related to Administration services who could not identify early enough appointments, so referred the service users to Patient Advice and Complaints to help resolve issues. All these cases were resolved satisfactorily and appointments were found which were already on the rota. These issues were raised with Administration Services and a subsequent decrease in the number of concerns being raised has been seen. The other issues varied with no common theme.

3. Categories of Complaints and PALS concerns

Categories for Complaints and PALS received during 2014-15.



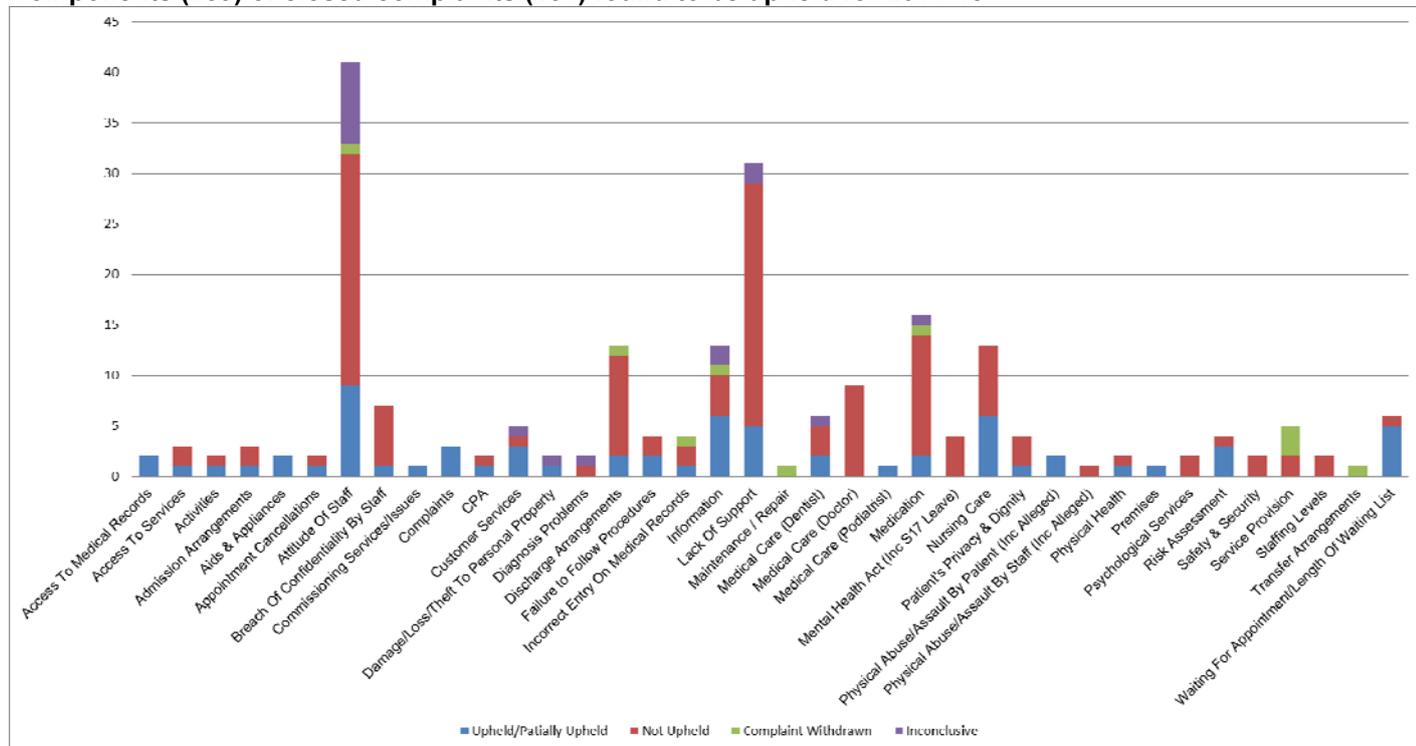
*where the combined total of formal complaints and concerns is below 7 they have been excluded from the graph.

Attitude of staff features as the highest reported category. To address this, the Trust introduced a programme in Inpatient areas of specific customer care training. Since the inception of this, there has been a reduction in the number of complaints raised about the attitude of staff in this area.

4. Summary of formal complaints upheld

The graph below indicates the outcome of formal complaints closed during 2014-15. The graph represents each component of the complaint. Some complaints are more complex than others and have issues recorded in more than one category.

Components (259) of closed complaints (134) found to be upheld for 2014-15



The Complaints figures for the Trust are reported to the Department of Health (DoH) annually via the KO41 for national reporting purposes. If any component of the complaint is upheld or partially upheld, this is recorded by the DoH as upheld and is reflected in their figures which are published annually.

5. Learning from Complaints and Concerns

There are a number of actions from complaints which require individual actions for the staff involved. These are recorded in the complaint action plans and monitored by the Heads of Service, which are monitored through their local governance committees. As a result the Trust has seen a marked improvement in adherence to the planned timescales for completing recommendations.

During 2014-15 in response to complaints and concerns raised the Trust has implemented a number of service improvements. Examples of these are:

South and West CMHT – work has been undertaken in a number of areas with the team

- Care Co-ordinator events are planned. This has been facilitated jointly with the local Authority Lead for Adult Mental Health and will focus on core roles and responsibilities of Care Co-ordinators.
- A comprehensive Operational Policy has been developed.
- Caseload Management Guidelines have been developed and implemented.

Carers Toolkit - Guidance on the confidentiality situations will be added into the Carers toolkit for clear guidance to staff. CPA Trainers and Mental Capacity Lead have arranged to update the toolkit after consultation with a view to rollout to all clinical areas with amended version thereafter.

School Nursing communication - A secure system for sharing written information is available for school nursing staff to use providing detailed information other than basic information. Written information will be provided to Social care where detailed health information is required for the purposes of completing a core assessment.

Prescribing Medication Audit – an audit will be undertaken against an agreed criteria of standards regarding the process of prescribing medication and the communication of this to GP's.

6. Feedback from Complainants

In total 12 questionnaire responses have been received following the conclusion of the investigation into formal complaints raised during 2014-15. This is an improvement on the response rate for the previous year (5 questionnaires returned) and this may be reflective of the change by the department to send them to complainants 2 weeks after the final response. However, this response rate still falls below the desired feedback levels. To improve on this feedback rate, the Patient Advice & Complaints Department will contact complainants by telephone 1 week after the response has been sent (unless requested otherwise).

Approximately half of the respondents indicated that they would advise a friend or relative to make a complaint if they were unhappy with a Trust service. 10 respondents stated that they understood the way the response was written, however on a less positive note, a total of 9 respondents were unhappy with the findings of the investigation. Where details are provided for BDCFT to contact the complainant they are offered a meeting to try and resolve or offer further explanation around the outcomes.

Approximately half of the respondents stated that they did not know how to make a complaint prior to raising their concerns, and that they became aware through a variety of sources including literature, speaking to staff and the internet. To improve awareness of how to raise a concern, the Patient Advice & Complaints Department is developing new literature and has added an online feedback form to the Trust's website. They continue to work closely with services to ensure that information on how to make a complaint is easily accessible to patients, service users and carers. The Patient Advice & Complaints Department have also introduced an online form as another means of contacting the Trust with compliments or concerns.

7. Parliamentary & Health Service Ombudsman (PHSO) Activity – 2014-15

The Trust encourages complainants who remain dissatisfied following receipt of the final response, to come back with any outstanding issues to allow the Trust further opportunity for local resolution before approaching the PHSO. However, the Trust does advise complainants that where we are not able to resolve their complaint to their satisfaction, they have the right to request a review by the PHSO.

No. of new files requested by the PHSO	3
No. cases PHSO concluded they will not investigate	0
No. awaiting decision	0

No. of cases under investigation by PHSO	1
Full review/investigation that have been closed	4

The Trust has also been made aware of the outcome of two complaints that were referred to the PHSO in previous years (2012-13 & 2013-14).

Complaints upheld:

- A complaints about the Child and Adolescent Mental Health Services (CAMHS) dating back to 2009 (referred to PHSO in 2013/13 was upheld in relation to the assessment of a patient for autism. The PHSO found that the mother should have had additional support in obtaining a 2nd opinion for a diagnosis. An action plan was developed and completed in response to this.
- The PHSO and LGO have jointly investigated a complaint which involved BDCFT, Local Authority and Continuing Health Care (CHC) Services regarding the provision of care, support and suitable accommodation for a service user with learning disabilities. The PHSO and LGO have upheld the complaint and found the service user should not have been discharged from the BDCFT caseload.. No further changes were required to the processes that are currently in place as the incident took place in 2010-11 and our procedures have changes since that time.

Complaints not upheld

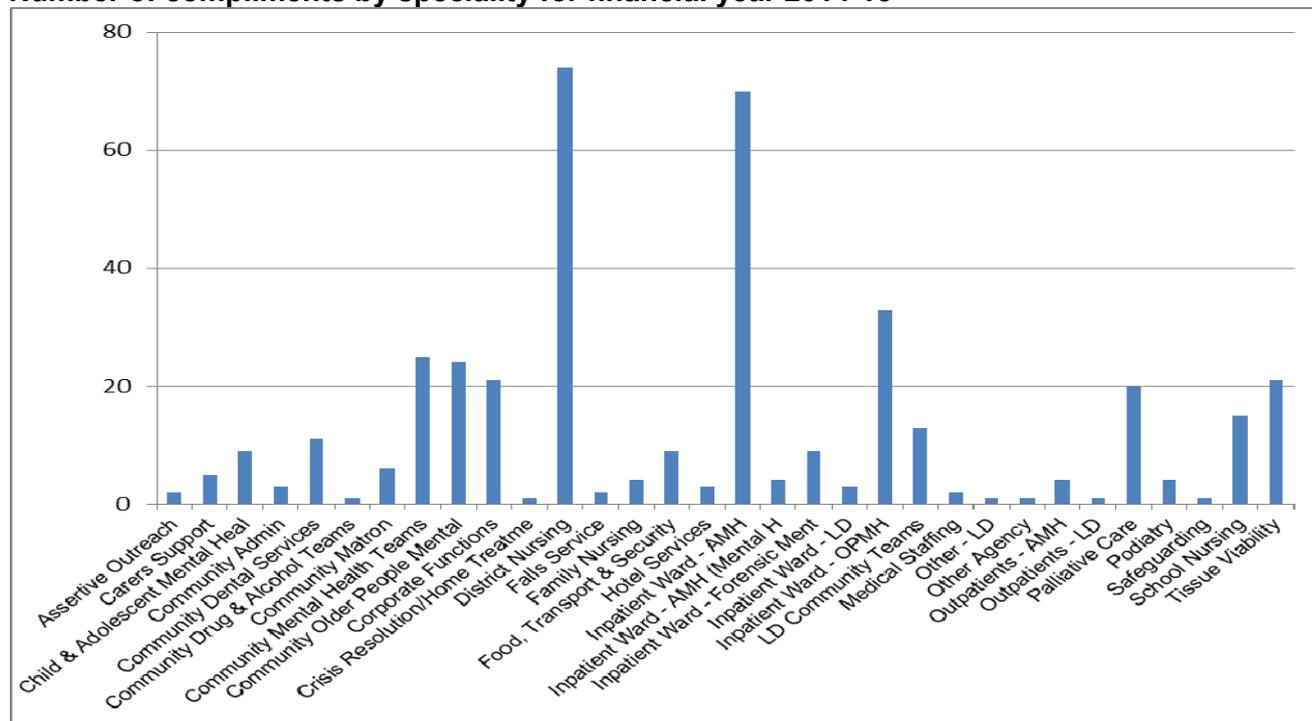
- The PHSO investigated a complaint into the Trust and the private care providers. This was around the care delivered by District Nurses to a patient at home in relation to his wound care. The PHSO did not uphold the components against The Trust. The investigation concluded that the Trust staff had delivered high quality care and did not uphold the complaint.
- The PHSO investigated a complaint that Intensive Home Treatment Team Services was poor and did not meet the patient's needs (referred in 2013/14). The complaint was not upheld. The investigation concluded that the Trust had offered an appropriate level of care to the complainant.

It is noted that the PHSO have increased the number of complaints they are investigating therefore the Trust expects to see a rise in the number of complaints the PHSO investigates in the future.

8. Compliments

The Trust also records compliments about the service we deliver as it also important to recognise good practice.

Number of compliments by speciality for financial year 2014-15



During the financial year 2014-15 there were 401 compliments, some examples are:

- *“The service we received from the District Nurses, Hospice at Home and the Fast track team was exceptional, and we couldn't have been more supported as carers particularly with regard to the individualised care delivered, and the attention to detail. Their help with the transfer to our home was made easy by their involvement and would not have been possible without them (considering the complications of it being out of area too....The service from all members of your staff have been nothing but first class - this from secretarial, reception and treatment personnel.”*
- *“We would all like to express our heartfelt thanks for your wonderful and compassionate treatment of our family member as well as support for ourselves which enabled us for him to remain at home.”*
- *“... it has been an life-enriching experience and the tutors have been positive, encouraging and welcoming. The course has I feel empowered me to view the future more positively than previously.”*
- *"xxx and xxx were absolutely fantastic in the service they provided and went above and beyond the expectations I had. They were both knowledgeable, friendly and professional which helped to make me feel at ease and assured that they were there for my benefit in providing high quality care. From my experience with xxx she was head and shoulders above managing the patient experience and providing the care that we agreed together from her giving me her professional opinion. I feel she went the extra mile ..."*

- *"I appreciate the skill that you have always exhibited of remaining professional whilst making me feel at ease with the perfect level of friendliness and approachability. I thank you from deep within my heart, it's been an honour to have you alongside me for this season."*
- *"Thank you for the excellent care of our sister. The support of your very professional staff helped us through a difficult time. We would also like to thank you for making a concerned effort to listen to us and understanding our challenges without judgement but with much more understanding. Your support made all the difference to us "*

9. Enquiries

The Patient Advice & Complaints Department deals with many enquiries including:

- Help resolve problems with healthcare services quickly
- Provide information for people on the range of services offered
- Signpost people to local support groups and voluntary services.
- Put people in touch with independent advocacy services.
- Offer information on who to complain to when the issue relates to another organisations

During 2014/15 553 enquiries were received of which 251 were about other organisations.

10. Training

The Patient Advice & Complaints Department provides training around complaints handling to all new staff members via the Induction Programme. In addition the Department is in the process of developing an additional training package which will be available to all existing staff members.

11. Improvements & Developments to Complaints process.

- The Complaints Manager, Serious Incident Lead and Friends and Family Test (FFT) Lead are working closely to improve the reports which are being disseminated to areas in joint reports.
- In 2014 the Complaints Investigators (1WTE) were appointed on a fixed term basis.
 - The feedback from managers and staff involved in the complaints process has been positive; and
 - The reports are consistent
 - The investigators are skilled in investigations and complaints resolution.
- During 2014 Appreciative Inquiry workshops took place to improve the complaints process. A steering group is in place support the changes. The changes will be reflected in the amended policy. Key improvements are:
 - Complaints and PALS Team merged to function as one point of access to resolve concerns;
 - There is an emphasis on face to face meetings with complainants to resolve concerns. This enables both managers and complainants to inclusively identify solutions and has received positive feedback from staff and service users/carers;

- Information leaflets for complainants have been introduced to make them aware of the process;
 - Staff leaflets have been developed to ensure they are aware of the investigation process; and
 - The workshops identified that there was scope for service users/carers and staff to work together to look at issues and identify solutions in a more collaborative way. A Patient, Carers and Staff group has been developed and piloted in the CMHT's and there are plans that these will be extended across other services.
- Recommendations made as a result of individual complaints are monitored and implemented via action plans developed by the services. During 2014/15 this process has been strengthened so there is now a robust process in place to ensure that actions are completed including:
 - Monthly reports to service areas which includes learning from Serious Incidents, Complaints and Friends and Family Test (FFT) data and action plan process ;
 - Evidence is reviewed to ensure it meets the criteria identified in the action plan;
 - Service managers are held accountable for the completion of their action plans in the Serious Incident and Complaints Forum, this would include any which are no longer in date or where the evidence submitted does not meet the criteria; and
 - Quarterly reports are produced to share learning and good practice more widely across the organisation.