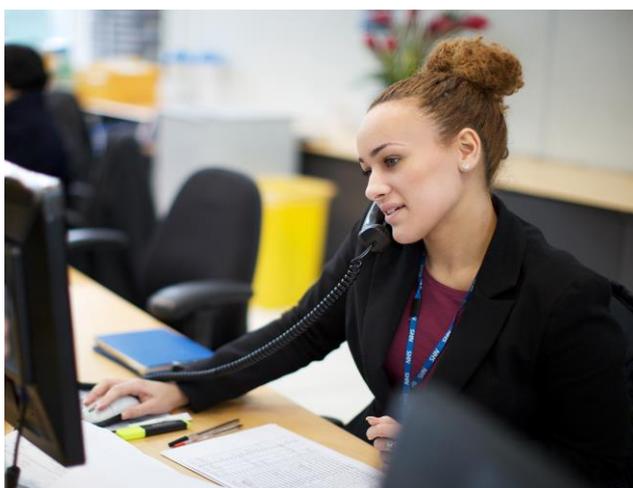


Patient Advice and Complaints

Annual Report 2016-17



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.

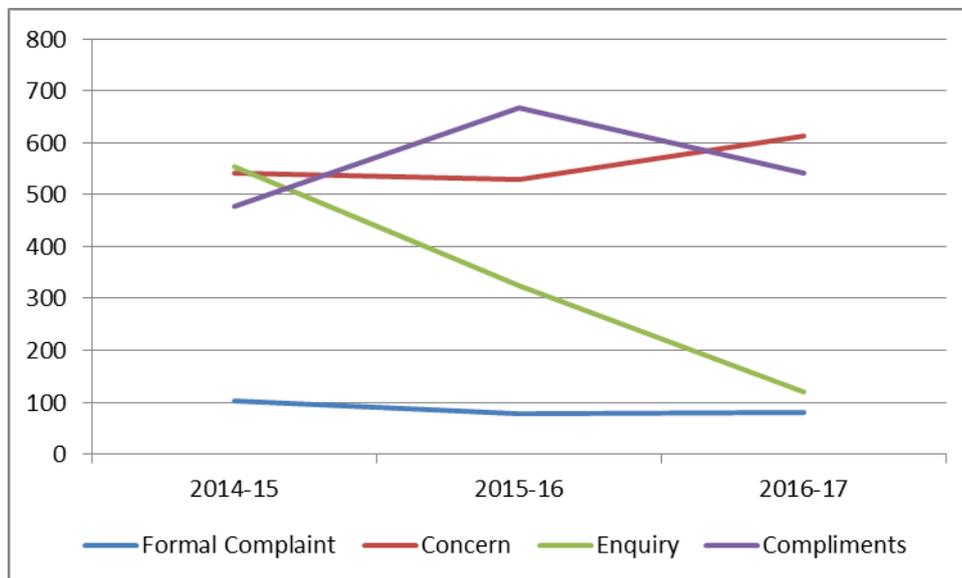
Patient Advice and Complaints Annual report 2016-17

1. Purpose of this report

The purpose of this report is to provide data of complaints, concerns and compliments raised in 2016/17 between April 2017 and March 2017. The report also identifies any high level themes and trends arising from complaints.

The Trust is grateful to those patients and families who have taken the time to raise concerns and acknowledges their contribution to improving services, patient experience and patient safety. On a small number of occasions, the level of service provided might have been 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 and look how we can improve our services.

2. Patient Advice and Complaints – Statistics



The total number of formal complaints received in 2016/17 was **81**. This is a slight increase on 2015-16 (**78** formal complaints). Some complaints have more than one issue/category (component), bringing the total number of components to 185.

3 formal complaints in 2016-17 were withdrawn by the complainant. There were no commonalities in the areas that had been complained about or the reason for them being withdrawn.

There were **7** interagency complaints, either co-ordinated by the Trust or by the other organisation which is a decrease of **13** on the previous year.

The number of concerns/informal complaints received by Patient Advice and Complaints (PAC) team in 2016/17 is **612**. This reflects the number of issues the team have dealt with on informal basis where the local managers or team leaders contacted the complainants to try and resolve their concerns. The majority of complainants were satisfied with the outcome but in some cases the concerns progressed to formal complaint.

Enquiries are cases where there are concerns about services provided by other organisations and/or signposting has occurred. The PAC team responded to **120** enquiries, including requests for information or concerns about services provided by other organisations. The number of enquiries has continued to decrease, allowing the Patient Advice and Complaints team to focus on providing a service for people who access BDCFT services.

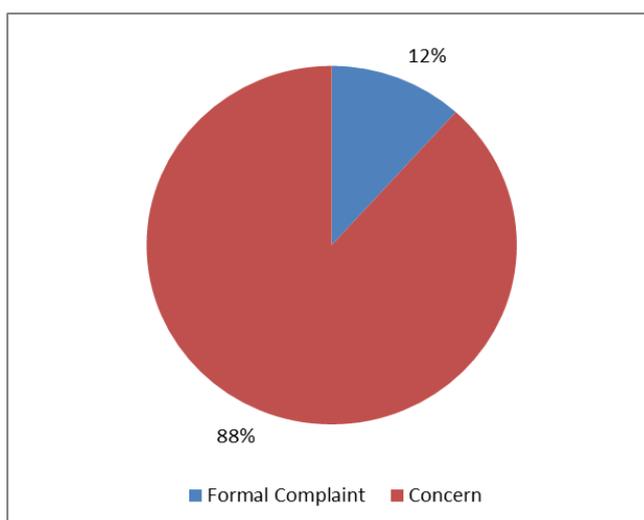
In 2016/17 the Trust received **564** compliments. This was a decrease from 2015/16 where **667** were recorded. However there has been a significant increase over the past 3 years.

Although the number of compliments recorded has decreased slightly there is a greater range of services sharing these with the team for recording, i.e. there has been an increase in cases recorded for District Nursing and Adult Mental Health Inpatient wards. Positive feedback is also received via Friends and Family Test which may account for the decrease in recorded compliments.

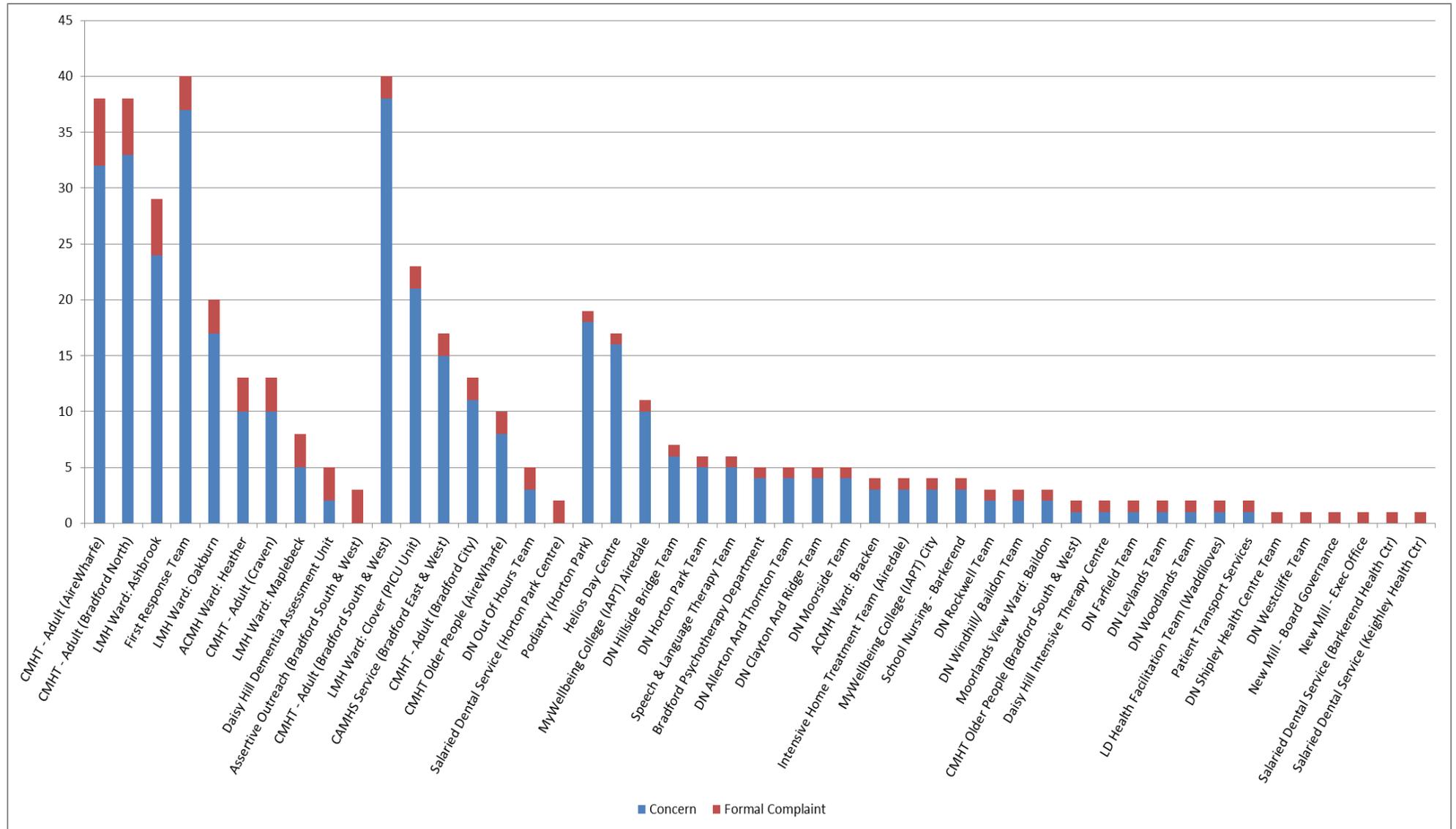
Formal complaints are risk assessed when they are received by the team. **5** Complaints were rated amber. These were in relation to concerns raised about the care provided to a service user prior to their death, or where care had allegedly contributed to serious injury of a service user. Actions were put in place to prevent recurrence and they were graded green at the end of the complaint process due to the remedial action taken.

Anyone who formally complains is advised of the advocacy services available to them. Of the complaints received in 2016/17, **10** have been supported by advocacy services, which is an increase from the previous year (**4**). Feedback from advocacy services is that the Trust has a good complaints policy in place and that people who are complaining feel listened to.

The majority of concerns continue to be resolved locally. The graph below shows the formal complaints and concerns/informal complaints received during the period ending 31 March 2017. This demonstrates the commitment to local resolution.



3. Formal Complaints and Concerns received by Department in 2016-17



*where the formal total is 1 or below, they have been excluded from the graph.

Mental Health & Acute Community Services continue to have the highest number of the complaints raised against them. This service includes the following specialities; Inpatient Services, Psychological Therapies, First Response, Learning Disabilities and Community Mental Health Teams (Adult, CAMHS and Older People).

Whilst there were **51** formal complaints logged (with **125** components), there were also **382** concerns recorded, that were resolved at a local level. It's important to note that there were also **200** compliments recorded for this service.

Adult inpatient wards, First Response and Adult CMHT's are the highest recording specialities in this service.

First Response - Although First Response features highly, this is due to the manager bringing locally resolved cases to our attention at an early stage which is good practice. All cases were regarding Attitude of Staff or Lack of Support, where people contacting the service had felt that the advice, signposting or support given was not suitable for their needs.

The Manager of the service has either met or contacted the complainants, listened to their concerns and experiences and offered explanations where appropriate. The manager has also confirmed that where the correct processes have not been followed this has been addressed with the staff member involved.

CMHT's - The Service Manager has reviewed all the complaints and advised that themes and trends are reported to the CMHT Quality and Safety meeting on a monthly basis and continue to be monitored in this forum. The findings of each complaint are fed back to the individuals concerned and learning is discussed with the line manager during supervision. There were no obvious themes highlighted. Each incident involved different staff members.

Inpatients - The complaints about inpatient wards was highlighted to the Service Manager who has advised of the following changes and improvements that have been put in place.

- Dedicated clinical manager appointed in December 2016 for the Acute Inpatient Wards at LMH.
- New Ward Manager for Ashbrook started on 5th December 2016 in response to the identified areas for improvement.
- Upheld complaints have been used for learning and improving practice in the 2 weekly acute inpatients standardisation meeting. Staff noted in the complaints are supported by the ward management team.

Specialist Services – There were **8** formal complaints were received during this period and **33** concerns. **19** concerns were raised during this period for **Low Secure Inpatient Services**. One person was dissatisfied with the local response and requested a formal complaint investigation. The main themes of concerns received referred to leave arrangements and concerns about the behaviour of other service users.

Dental Services (Unscheduled and Community) **4** formal complaints were received about these services and **3** concerns, mainly regarding treatment they had received or attitude of staff.

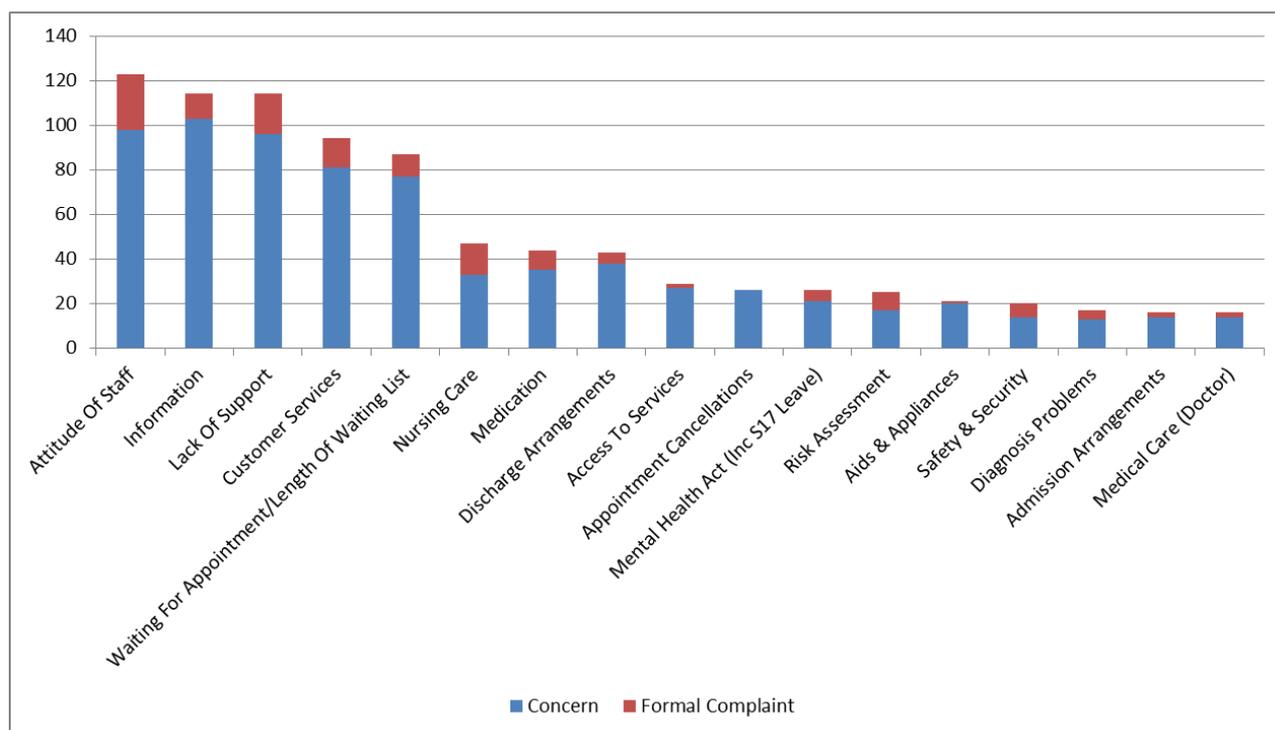
There were **20** concerns were raised about the **Single Point of Access (SPoA)** service, with regarding to waiting times for transfer of calls and the change from a centre-based Receptionist to a call centre system being the main areas of concern. The concerns have been shared with the service and SPoA have involved service users to consider improvements.

Children’s Services - within the time period of this report only **1** formal complaint was received for the Directorate. This was regarding the sharing of information.. Additionally, the team dealt with **35** concerns, mainly referring to attitude of Health Visiting staff or communication issues

District Nursing Services received **14** formal complaints and **38** concerns. The main themes of these cases were around **wound care, general nursing care** and attitude of staff. When concerns have been raised the Team Leaders have been very proactive in trying to quickly resolve concerns. Regular attendance by the Patient Advice and Complaints team at the service governance meetings has allowed the learning to be shared across the services, so that staff can reflect on patients’ experiences.

4. Categories of Complaints and Concerns

Top Categories of Formal Complaints and Concerns listed below:



The graph above shows the top categories or formal complaints and concerns. Complaints categories are recorded on the initial contact with the Patient Advice and Complaints team and are based upon the complaints experiences and how they explain and describe this.

Lack of Support, Attitude of staff and **Information** remain the top themes although complaints about Attitude of staff have continued to decrease throughout the year in comparison to previous year.

Attitude of staff: Is reported across all areas of complaints. Where there are concerns about individuals these are dealt with by managers. Teams also use reflective sessions and have received customer care training. Additionally, the training in local areas now includes concerns/complaints about that area or discipline. This is an opportunity for staff to reflect on why concerns about attitude of staff arise.

Lack of Support: This theme often highlights that the service user has felt their needs have not been met and/or the level of service expected was not received.

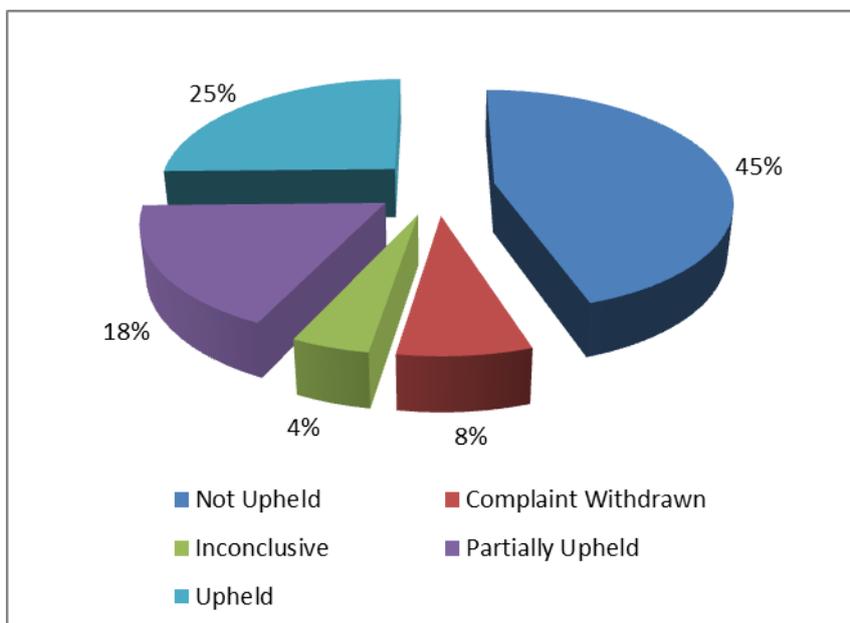
Information: This category features within in-patient complaints. The issues often arise from carers who have stated they have not been kept informed of key issues such as changes to leave status, progress, discharge arrangements. These findings will be shared with the Head of Service for consideration.

The Trust continues to promote the 'How we expect our staff to behave' leaflet which focusses on Trust values and the 6 c's (please refer to the Trust website). This is also reiterated in the Trust Induction for new members of staff.

The number of cases where **Nursing Care** was identified as a category were attributed to District Nursing Services. There were no particular teams identified as areas of concern and the majority of cases were resolved locally. .

Waiting for appointment, Appointment cancellations and Access to Services have increased. The majority of these concerns are in relation to Consultant vacancies in the CMHT's. So far these concerns have been managed locally and Team Managers have offered apologies and explanations as to what actions the Trust is taking to recruit to the vacant positions. The vacant positions are also recorded on the risk register.

5. Summary of components Upheld/Not upheld for 2016-2017



Each complaint has a number of components as indicated in Section 4 of the quarterly reports. There were **158** components to the **71** Formal complaints closed in 2016/17.

The categories where components were upheld or partially upheld **(68)** have been reviewed for any themes or trends. The top 2 categories were **Lack of Support (16)** and **Attitude of Staff (20)**.

There were no themes or trends in teams or departments where the complaint was upheld however action plans were developed to help mitigate against further recurrence.

6. Learning from Complaints and Concerns

Recommendations made as a result of individual complaints are monitored and implemented via action plans developed by the services and monitored through local governance arrangements.

The following are examples of improvements made to services as a result of people raising concerns or making formal complaints during 2016/17:

- Psychological therapies will inform service users of waiting times and expectations around contact and communication and sign posting to self-help in the interim. This will be provided at initial assessment if the service user is going to be put on a waiting list and documented in the clinical record that this has taken place.
- A complaint responded to jointly with another provider found that a patient had been provided with a specific dressing for wound care. This dressing was not readily available to the District Nurses. As an outcome the case will be raised at the discharge group meeting which both organisations attend with a view to ensuring patients are given dressings for the first change.
- A complaint about a delay in a referral being processed found that the GP had not followed the correct procedure. To help prevent this happening again the Service Manager agreed to reiterate the correct process to GP practices. Furthermore, the team were reminded that if the referral is received by them outside of the correct procedure, the referral should be passed to Single Point of Access to process correctly.
- A complaint raised concerns about staffing levels on a ward. This had already been identified as an issue. Alongside the Chief Executive response, the service manager maintained contact with the complainant, updated her on actions and provided further assurance to her. Feedback from the complainant was positive and she was pleased to hear about the improvements that had been made to staffing numbers.
- Following a formal complaint investigation about expectations of staff and carers when escorting a patient on section 17 leave, a protocol will be developed to provide guidance and clarity.
- Concerns were raised that messages were not being returned by a Care Coordinator. A review found that message(s) had been sent by Single Point of Access (SPA) to the CMHT Care Coordinator but unfortunately they were not in work. As a result of this concern being raised when a service user asks SPA for contact from their care coordinator, the e-mail from SPA is now sent to 3 staff members: duty worker, team manager and the care coordinator. It is the responsibility of the team manager to ensure calls are followed up when the Care Coordinator is not available.

- As a result of a complaint about physical health care on the ward a number of recommendations had been made including Tissue Viability/Pressure Ulcer Prevention training will be provided for all ward staff and that there is a clear process for the assessment, sourcing and ordering of bespoke equipment for in-patients.
- Some concerns were raised that the District Nurses no longer write in patient notes left in the house, and that any interactions with patients are only recorded in the electronic clinical records (SystemOne). Some relatives have raised concerns that they do not know what care and treatment has taken place or that the DN's have visited, whereas historically they have been able to view the paper records. In these cases the DN's have agreed with the individual families to leave messages when they have visited and are also happy to receive calls from the families/carers.

7. How we share the learning across the Trust

Patient Advice and Complaints staff continue to work colleagues across our services to improve the management of actions plans arising from complaints and sharing learning. The following has taken place in 2016/17:

- A Translating Research Into Practice (TRIP's) session was held to feedback the learning from a complaint.
- Clinical and safety learning forums on learning from complaints, serious incidents and claims on a quarterly basis.
- Monthly reports are produced which include complaints, Friends and Family Test and serious incidents data to highlight any early themes and trends to enable managers to take prompt improvement actions. This summary also includes learning from complaints and good practice.
- Quarterly reports are produced to identify themes across all services. These are shared with Deputy Directors/Heads for wider dissemination through Quality and Safety groups to share learning more widely across the organisation.
- Learning is shared via the Serious Incident and Complaint Forum and the progress of action plans is monitored by this group.
- Learning from complaints is also shared in the 'Learning Hub' which is part of the staff intranet.
- Action plans are monitored and the relevant Deputy Director is notified of any which do not meet the agreed target date or for which evidence has not been submitted.

8. Developments and work undertaken by Patient Advice and Complaints team

- **Adult Mental Health and Community Service** cases are reviewed weekly through the Head of Service, and then specifically with the relevant service manager to manage any outstanding actions required. This supports the swift resolution of complaints.
- **Volunteers** have been interviewed and appointed to work with the Patient Advice and Complaints team. They will hold a key role in going to the ward community meetings to capture feedback and concerns from service users who are admitted to the wards. This will support the team in gathering data on patient experience and ensure that those who are admitted to the wards have access to a complaints service. The role will be reviewed in 6 months.
- An **audit** has been completed into the reporting of and **learning** from Complaints and Serious Incidents. The draft report has been shared with the Complaints

Manager and Serious Incident lead. Once finalised an action plan will be developed alongside services to address recommendations.

- The Patient Advice and Complaints team attend meetings with Safeguarding, Risk Management and HR to **triangulate the data** each department holds.
- **Focus groups** have been held with young service users about accessing the Patient Advice and Complaints Team and different ways in which they can do this. The outcome of this is to commence a pilot phase with CAMHS. Discussions are ongoing with CAMHS about providing PAC information to each new person and involving us in any open meetings with groups of service users and carers.

9. Parliamentary & Health Service Ombudsman (PHSO) Activity – 2016-17

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 Ombudsman. 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.

The Trust is aware of **3** complaints that were referred to the PHSO in 2016/17, and accepted for full investigation. (**4** complaints were referred to the PHSO in 2015/16) The PHSO has completed the investigation for **2** of the 2016/17 referred complaints. **1** was not upheld, and the other was partially upheld. An action plan had been developed, before the complaint had been referred to the PHSO, as part of the Serious Incident process and has been completed.

6 complaints that had been referred in 2015/16 were also closed in 2016/17. Of those closed **1** was partially upheld, however there were no recommendations, **4** were not upheld and **1** was closed at the assessment stage. Further details about the cases are referred to in the quarterly reports.

10. Compliments

The team continue to collect and record compliments. There have been **564** received this year.

The **Podiatry** service continues to be a high reporting service. There has been an increase in compliments shared by the **Airedale and Craven CAMHS** service.

Examples of some of the written compliments we have received during 2016/7 are as follows:

"Thank you for all the amazing help and support you have given me! Can't thank you enough for helping me to do this!"

"You saved my life and given me the chance to live a life I want and have taught me how to deal with emotions and the challenges that life can bring"

"I am writing to say what a wonderful asset to the practice we have in the district nursing team. My husband was recently looked after by them and we can't praise them enough. They are caring, compassionate, supporting, understanding as well as being highly professional. These busy ladies always had time to listen to us and allay any anxieties we

had and dealt with everything in a kind and professional manner.they are a credit to the NHS"

"Thank you so much for starting the group. X loved it. He has been talking about it since we left. He says he rates it a 12 out of 10. He is looking forward to the next one. Thanks again."

"I called the first response number on Tuesday 10th April 2016. I spoke to a lovely lady. She was calm and very understanding. I explained why I was calling and that I needed to speak to someone because I was considering self harming. The lady was extremely good, and recognised my problem. She offered to pass my details to a nurse and get them to call me back within the hour."

"We just wanted to let you know how much we appreciated all that you did for mum.....Mum felt really looked after, thought you were all brilliant and appreciated all you did for her. As her daughters we felt supported and listened to"

"Thank you for all your help and support, for your advice and guidance throughout xx's illness. You came into our lives when I had so many worries and problems. You allowed me to be honest and reveal thoughts which I wouldn't tell anyone - thank you".

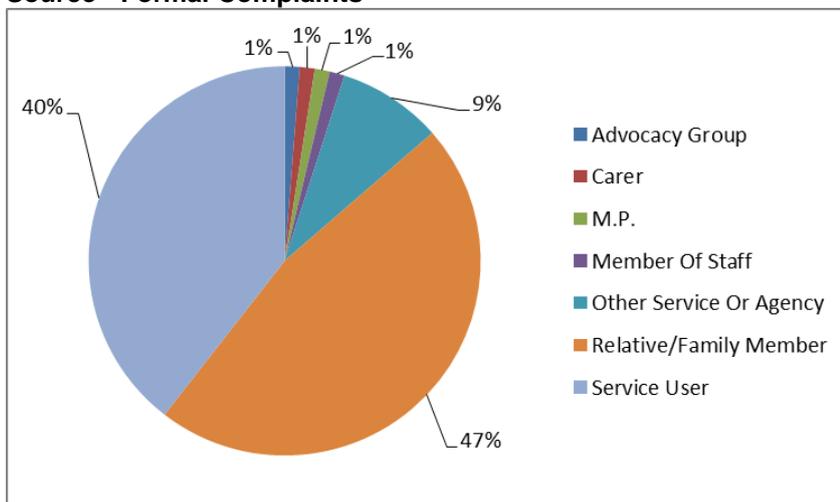
"You have been so patient and understanding on this journey of mine...."

"a massive thanks to the CPN for all the support given and getting her Mum into hospital where she is looked after now."

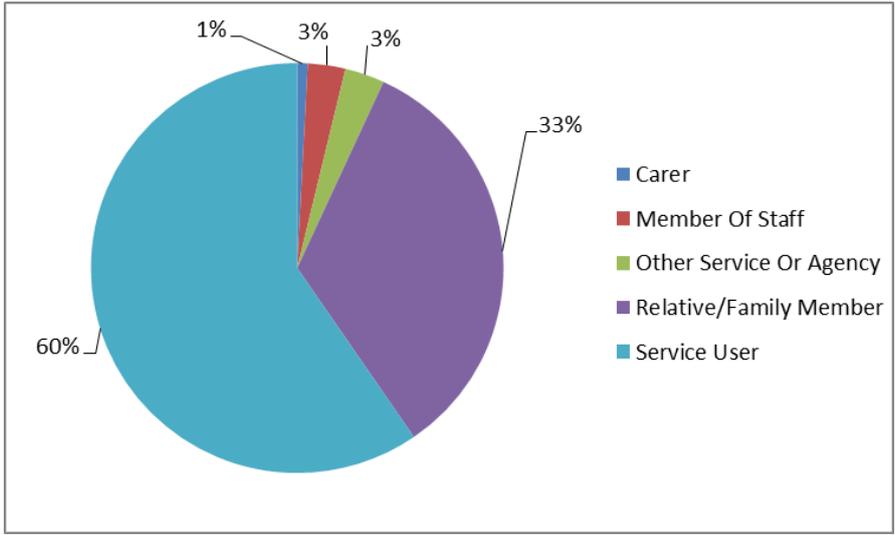
"Unstinting care and compassion displayed by your nurses as they daily attended to my husband's needs. Their cheerful disposition and positive nature was a source of comfort for us all, including XX, even when he perhaps was not that keen on what they were doing at the time!....they combined a professional and efficient bedside manner with a 'matter of fact approach' ensuring the minimum of embarrassment and awkwardness for all concerned..."

11. Sources of complaint/concerns received

Source - Formal Complaints



Source – Concerns



The above graph reflects that the greater number of formal complaints received are raised by carers/relatives on behalf of the service user, compared to locally resolved concerns.

Concerns raised by carers are predominantly with regard to information sharing and being aware of the care provided to the people they are caring for. The Trust is developing services for carers including the carers hub, carers leads being in place within Adult Mental Health Services and a common-sense confidentiality leaflet has been developed.

12. Equality Monitoring

The team obtains equality data where possible and where it is required have the use of interpreting services.

Complaints files have been reviewed and during the last financial year the department has not required any letters to be translated or interpreters were needed to be used.

Ethnicity of complainant – Formal complaints

