

## Quality & Safety Committee Meeting

**20 July 2023**

|  |   |                                       |
|--|---|---------------------------------------|
| <b>Paper title:</b>  | Annual Report: Patient Advice and Complaints (2022/23)  | <b>Agenda Item</b><br><br><b>16.1</b> |
| <b>Presented by:</b>   | Phillipa Hubbard, Director of Nursing, Professions and Care Standards, DIPC, Deputy Chief Executive, Director of Nursing BDC  |                                       |
| <b>Prepared by:</b>  | Debbie Calvert, Complaints Manager  |                                       |
| <b>Committees where content has been discussed previously</b>                | Monthly updates on Patient Safety Incident themes presented to QSC  |                                       |
| <b>Purpose of the paper</b><br>Please check <b>ONE</b> box only:             | <input type="checkbox"/> For approval <input checked="" type="checkbox"/> For information<br><input type="checkbox"/> For discussion  |                                       |
| <b>Link to Trust Strategic Vision</b><br>Please check <b>ALL</b> that apply  | <input checked="" type="checkbox"/> Providing excellent quality services and seamless access<br><input type="checkbox"/> Creating the best place to work<br><input checked="" type="checkbox"/> Supporting people to live to their fullest potential<br><input type="checkbox"/> Financial sustainability, growth and innovation<br><input checked="" type="checkbox"/> Governance and well-led |                                       |
| <b>Care Quality Commission domains</b><br>Please check <b>ALL</b> that apply | <input checked="" type="checkbox"/> Safe <input checked="" type="checkbox"/> Caring<br><input type="checkbox"/> Effective <input checked="" type="checkbox"/> Well-Led<br><input checked="" type="checkbox"/> Responsive  |                                       |

**Purpose of the report**

This report presents the annual data for 2022/23 on complaints in line with the Trust's aim to learn from concerns/complaints raised, improve service delivery and ensure Trust Board oversight of the compliance against our registration with the Care Quality Commission (CQC) in relation to complaints management.

**Executive Summary**

The Trust Board monitor complaints via the Quality and Safety Committee, which receives monthly data on complaints via the quality dashboard and a combined patient safety report.

This report presents the annual data for 2022/23 on complaints in line with the Trust's aim to learn from concerns/complaints raised, improve service delivery and ensure Trust Board oversight of the compliance against our registration with the Care Quality Commission (CQC) in relation to complaints management.

The report highlights the following:

- The number of complaints and enquiries received during 2022/23
- The trends arising in service areas;
- Feedback on complaints processes by complainants and staff; and
- Parliamentary Health Service Ombudsman (PHOS) complaints status

Last year it was reported that a combined annual report of all activity across the Patient Safety, Compliance and Risk functions would be presented, however this proposal was superseded by a new approach which presents key trends, themes and learning in a combined bi-annual learning report.

Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?

- Yes** (please set out in your paper what action has been taken to address this)
- No**

### Recommendation(s)

The Quality & Safety Committee is asked to:

- Note that complaint activity is reviewed by QSC on a monthly basis
- Note that the Complaints Assurance and Review Panel (CARP) panel reviews activity and the complaints management processes complaints
- Note the assurance provided in the paper that the Trust is managing complaints and using complaints to inform work to improve patient experience

### Relationship to the Board Assurance Framework (BAF)

The work contained with this report links to the following strategic risks as identified in the BAF:

- SO1:** Engaging with our patients, service users and wider community to ensure they are equal partners in care delivery (QSC)
- SO2:** Prioritising our people, ensuring they have the tools, skills and right environment to be effective leaders with a culture that is open, compassionate, improvement-focused and inclusive culture (WEC)
- SO3:** Maximising the potential of services to delivery outstanding care to our communities (QSC)
- SO4:** Collaborating to drive innovation and transformation, enabling us to deliver against local and national ambitions (Board)
- SO5:** To make effective use of our resources to ensure services are environmentally and financially sustainable and resilient (FBIC)
- SO6:** To make progress in implementing our digital strategy to support our ambition to become a digital leader in the NHS (FBIC)

|  |  |
|--|--|
| <p><b>Links to the Strategic Organisational Risk register (SORR)</b></p> | <p>The work contained with this report links to the following corporate risks as identified in the SORR:</p> <ul style="list-style-type: none"> <li>• n/a</li> </ul>   |
| <p><b>Compliance &amp; regulatory implications</b></p>                   | <p>The following compliance and regulatory implications have been identified as a result of the work outlined in this report:</p> <ul style="list-style-type: none"> <li>• Regulation 16: Receiving and acting on complaints</li> <li>• Regulation 17: Good Governance</li> <li>• The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009</li> </ul> |

## Quality and Safety Committee Meeting

20 July 2023

### Patient Advice and Complaints annual report 2022/23

#### 1. Purpose

This report is to ensure that there is assurance and oversight of complaint activity and the high level themes and trends arising from complaints.

This report also provides information on :

- a) the monitoring arrangements for complaints handling in the Trust;
- b) trends in complaints in 2022/23; and
- c) The Parliamentary and Health Service Ombudsman (PHSO) Status

#### 2. Overview

It is important to note that whilst the Trust received a decrease in contacts overall, the impact of the Covid-19 pandemic in combination with an increase in the complexity of cases, ongoing pandemic pressures and staffing resource limitations (particular the availability of investigators) resulted in a backlog of cases.

Addressing this backlog has been challenging, with impacts on the length of time taken to resolve cases to closure, and continued into 2022/23. In that context the notable points about the annual data include:

- As part of the ongoing improvements in service provision and data recording, the team have changed the way they record cases since April 2022. Prior to this, complaints were logged as either informal (concern) or formal (formal complaint). The new process logs each contact as a complaint and is then classified into level 1, 2 and 3 (Section 3 describes this in more detail).
- There has been an increase in total number of Level 2 and Level 3 complaints received, total 105.
- There has been an increase in MP/Councillor contact during 2022/23, 56 contacts have been recorded.
- The majority of complaints continue to be resolved locally at Level 1. In 2022/23 the service assisted patients/families with the local resolution of 516 concerns.
- This is a decrease on the previous year (525); however, it should be noted that where a complainant remains dis-satisfied at local resolution (Level 1) the case progresses to Level 2 or Level 3.

- The number of compliments has decreased. This year the Trust recorded 225 compliments, a decrease from 21/22 when 262 were recorded and 20/21 when 324 were recorded.
- In 2022/23 the Trust were notified by the PHSO that 4 cases had been referred to them, two cases were investigated by the Trust in 20/21 and two were investigated in 21/22. Three cases have been closed and the other remains open and under investigation by the PHSO. The Ombudsman has advised that they are experiencing significant delays in reviewing complaints up to 12 months on an investigation.

### 3. Recording Complaints

As part of the ongoing improvements in service provision and data recording, the Patient Advice and Complaints Service (PACs) has changed the way cases are recorded since April 2022. Prior to this, complaints were logged as either informal (concern) or formal (formal complaint).

The new process logs each contact as a complaint and is then classified into level 1, 2 and 3 as indicated below. This is in line with NHS complaints regulations and the PHSO Complaints Standards which identify any contacts that cannot be resolved within one working day must go through the complaints handling process.

Currently all contacts taking one working day to resolve are logged as level 1 to capture any learning and reflect activity.

Compliments are recorded the same way as previously and are generally received via services. From 2022 cases have been recorded as follows;

- **Level 0 Signposting;** The PACS receive a high number of contacts which do not relate to BDCFT service, these are signposted to the appropriate organisation.
- **Level 1 Local resolution;** with consent the complainant is directed to the relevant service for local resolution, the PACS monitor and obtain outcomes from the service and check in with the complainant to ensure resolution has occurred prior to closing the case.
- **Level 2 Complaint Review:** Where a case is resolved at level 1 and has identified learning, the service will be asked to complete a complaint review to capture any learning, improvements to practice or recommendations for change. Failed local resolution cases can also progress to this level and services will be asked to document local resolution findings.

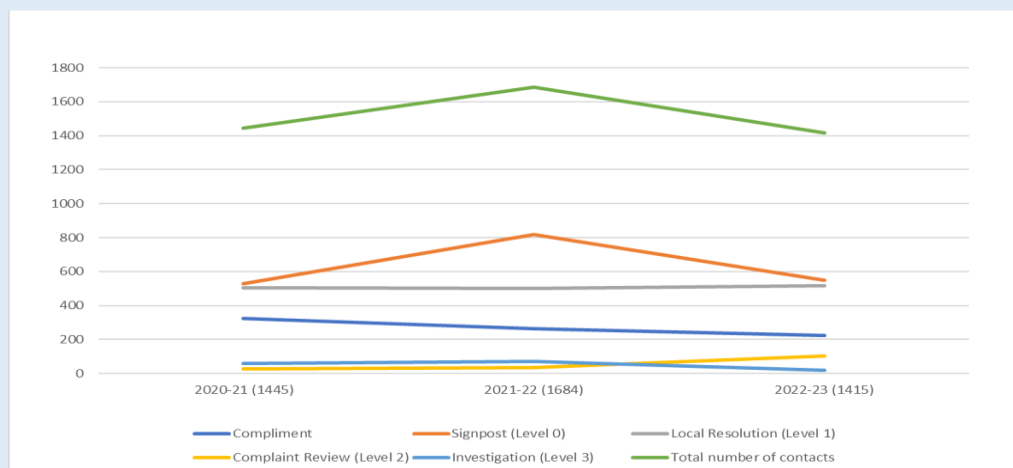
Some cases will receive a written response from the Service, Director of Nursing or the Chief Executive.

- **Level 3 Investigation;** these cases are allocated to an investigator who is employed by the Trust but independent of the service indicated in the complaint to complete a full investigation and any interviews with staff. There are instances where a complaint

review completed at Level 2 may be allocated to an investigator for independent review and conclusion. These cases will receive a written response from the Chief Executive.

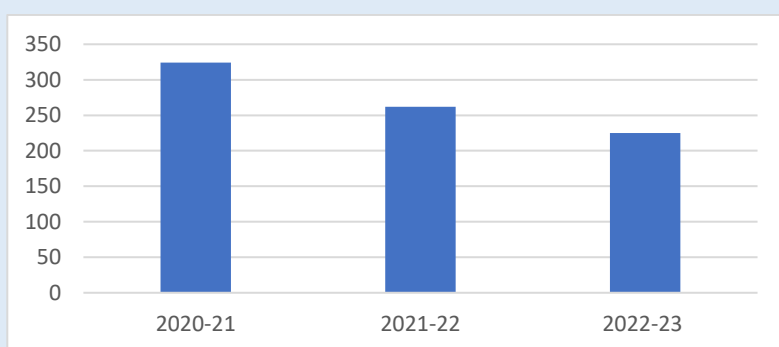
#### 4. Complaints data

The chart below shows the total number of complaints, signposts and compliments recorded over the last three years:



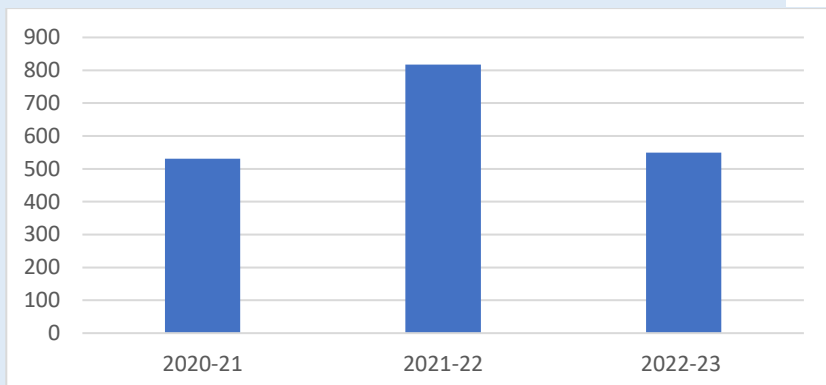
##### 4.1. Compliments

The Trust received 225 compliments, a decrease from 2021/22 where 262 were recorded. This has consistently decreased over the years. Whilst the team receive some direct compliments, the majority are received directly by service and shared with the team for recording.



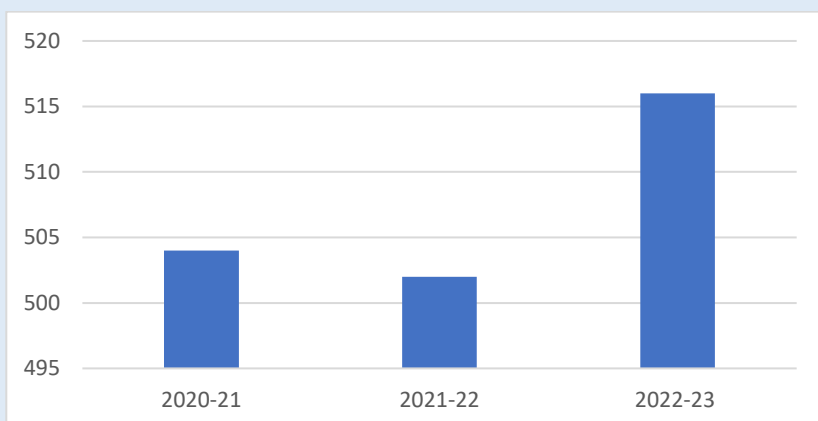
##### 4.2. Level 0 Signpost/Enquiry

The PACs have recorded a decrease in enquires, 549. This figure includes enquiries in relation to other organisations which involves signposting complainants to the correct organisation to support with their concerns.



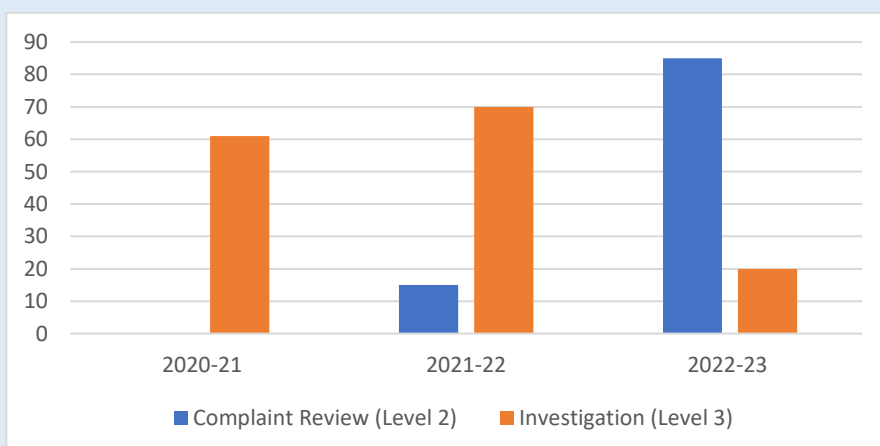
### 4.3. Level 1 complaints (Local Resolution)

During 2022/23 the PAC team dealt with **516** concerns (locally resolved complaints). The graph below compares the figures for all contacts for the last 3 years. The PACs continue to support teams and managers on local resolution of complaints.



### 4.4. Level 2 and Level 3 Complaints

What was historically referred to as a formal complaint (investigation) will now be recorded as a Level 2 or Level 3 complaint; The graph below shows case figures;





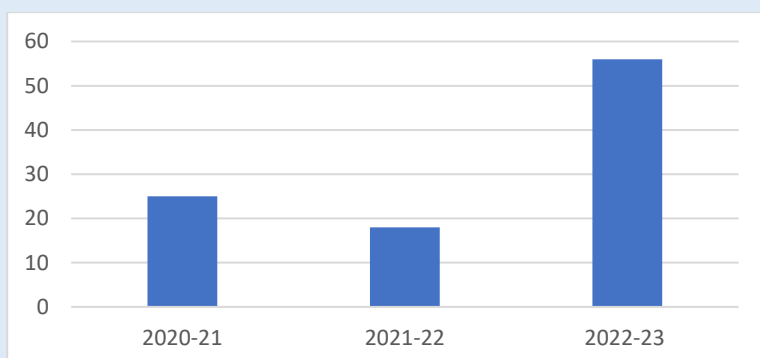
There were **105** complaints (level 2 and level 3) recorded in 2022/23. This is an increase on the previous years when 85 (2021/22) and 61 (2020/21) were recorded.

Of these:

- **5** complaints (level 2 and level 3) were withdrawn by the complainant.
- **50** complaints are currently ongoing, of these **2** have received a response and have re-opened open for further response as the complainant remains dissatisfied, **2** cases are on pause awaiting consent, and **4** cases are awaiting allocation to an investigator.
- **8** interagency complaints were jointly managed with other providers / stakeholders. This is compared to 4 last year.
- **25** complaints (level 2 and level 3) were not resolved within the NHS complaints regulations guidance of 6 months. This remains part of the ongoing development work (see section 13).

#### 4.5. MP/Councillor contacts

The PAC team recorded 56 contacts from MP's/Councillor's which is a significant increase from previous years:



#### 4.6. Parliamentary and Health Service Ombudsman (PHSO)

If a complainant is dissatisfied with the outcome of a complaint investigation, they are given the option to contact the Trust again to explore issues further. However, if they choose not to do so or remain unhappy with responses provided, they are able to refer their complaint to the Parliamentary and Health Service Ombudsman (PHSO).

The role of the PHSO is to investigate complaints that individuals have been treated unfairly or have received poor service from government departments and other public organisations and the NHS in England.

There was a national pause on the Complaints Process from 26 March 2020 until 1 July 2020 in response to the National Pandemic; this included the Ombudsman's office. In response to this they have focused on the more serious complaints about health services in which people may have faced a more significant impact and where they can make the biggest difference. For other complaints where someone has faced less of an



impact, they will consider whether there is anything they can do to help resolve things quickly, but if not, they will close the complaint.

| Referral year:                                 | 2018-19  | 2019-20  | 2020-21  | 2021-22  | 2022-23  |
|--|----------|----------|----------|----------|----------|
| Closed – upheld                                | 1        |          |          |          |          |
| Closed – partially upheld                      |          |          | 1        |          |          |
| Closed – not upheld                            | 2        |          |          |          |          |
| Intention to investigate / under investigation |          |          |          |          | 1        |
| Notified of assessment stage                   |          |          |          |          |          |
| Closed after further response by Trust         |          |          | 1        |          |          |
| Closed at assessment stage                     | 4        | 1        |          | 2        | 3        |
| <b>Total</b>                                   | <b>7</b> | <b>1</b> | <b>2</b> | <b>2</b> | <b>4</b> |

## 5. Complaints - performance targets

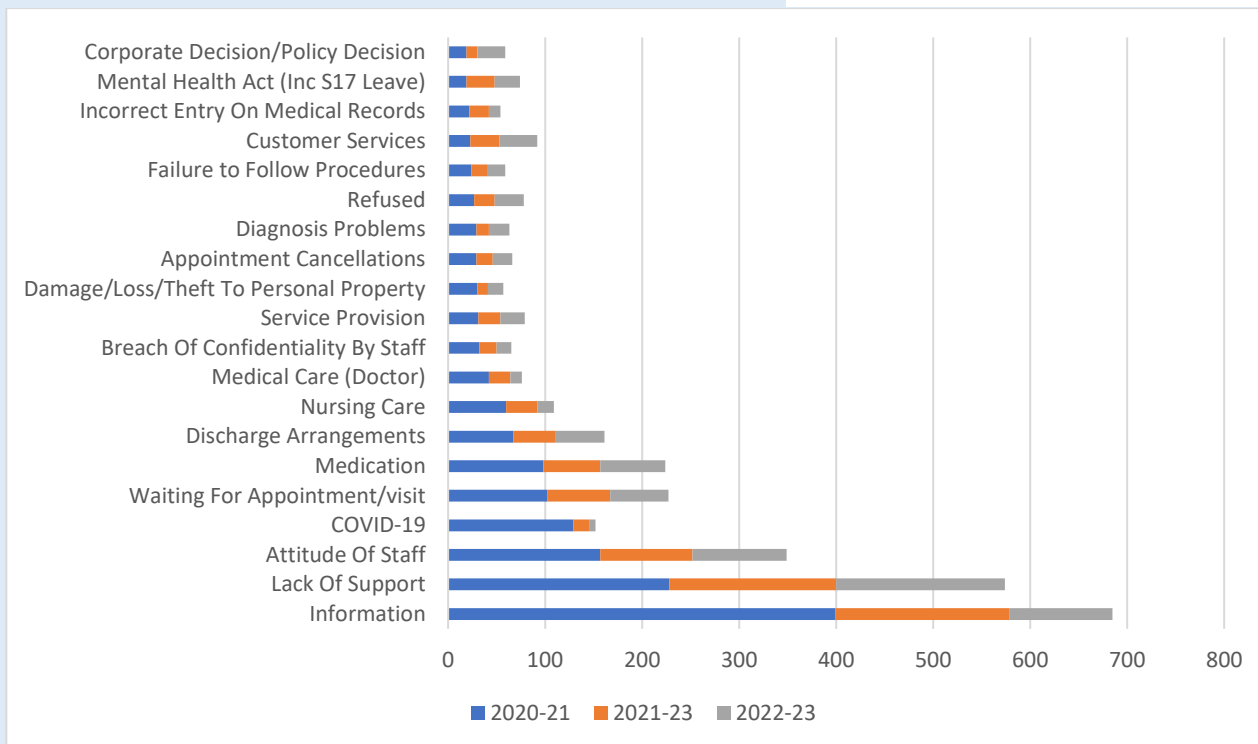
In relation to the usual performance targets, which includes level 1, level 2, and level 3:

- Of all complaints received in 2023/22 (621) 93.8% were acknowledged within 3 working days; this falls slightly short of the regulatory requirement of 100% and remains part of the ongoing development work (see section 13).
- 38 complaints were withdrawn due to either active withdrawal (complainants who inform the team that they choose to withdraw their complaint) or implied withdrawal (non-engagement once investigation complete despite reasonable attempts to contact the complainant).
- 1 complaint was declined due to being over 12 months old, in line with regulations.
- 14 complaints closed since April 2022 were outside the NHS regulations requirement to respond within 6 months. This is often in relation to lengthy waits during the initial phases of establishing the points of a complaint or gaining appropriate consent. 8 cases were closed outside the local measure of 6 months from point of consent to proceed.
- 115 cases remain open.

## 6. Complaint Categories

The following graph shows the top 20 reported categories of all complaints (including level 1, level 2 and level 3) compared to the previous years.

It should be noted that the above figures do not correspond to the total complaints figures as each complaint can have more than one component. Themes are highlighted to services throughout the year and since November 2020, teams have had access to live data from the Safeguard system (where complaints are recorded) which enables them to understand the trends and themes in a more proactive manner.



*NB: the Covid-19 category was introduced in response to the pandemic to record complaints impacted by Covid, ie complaints in relation to Section 17 leave may have been due to national restrictions etc.*

Waiting lists for CAMHS Neurodevelopmental Team, BANDS and Speech and Language assessments have been a key factor in the rise in complaints relating to waiting time for appointment/visits.

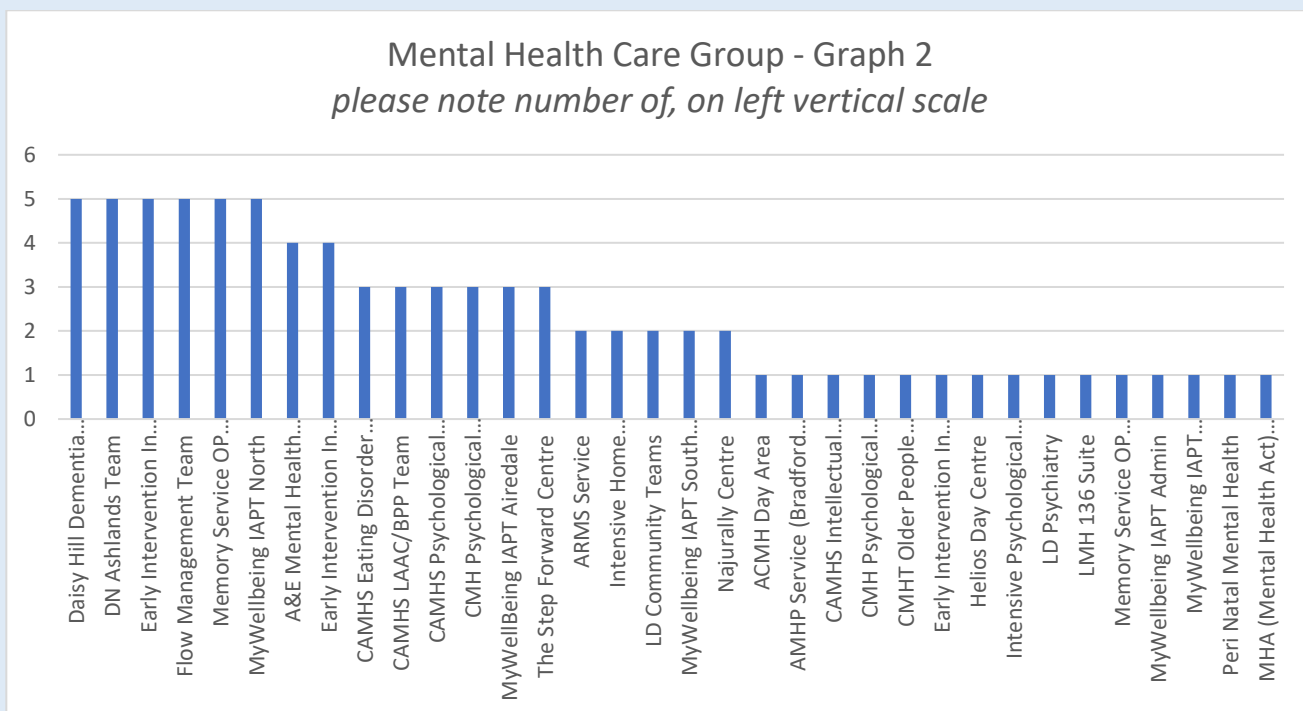
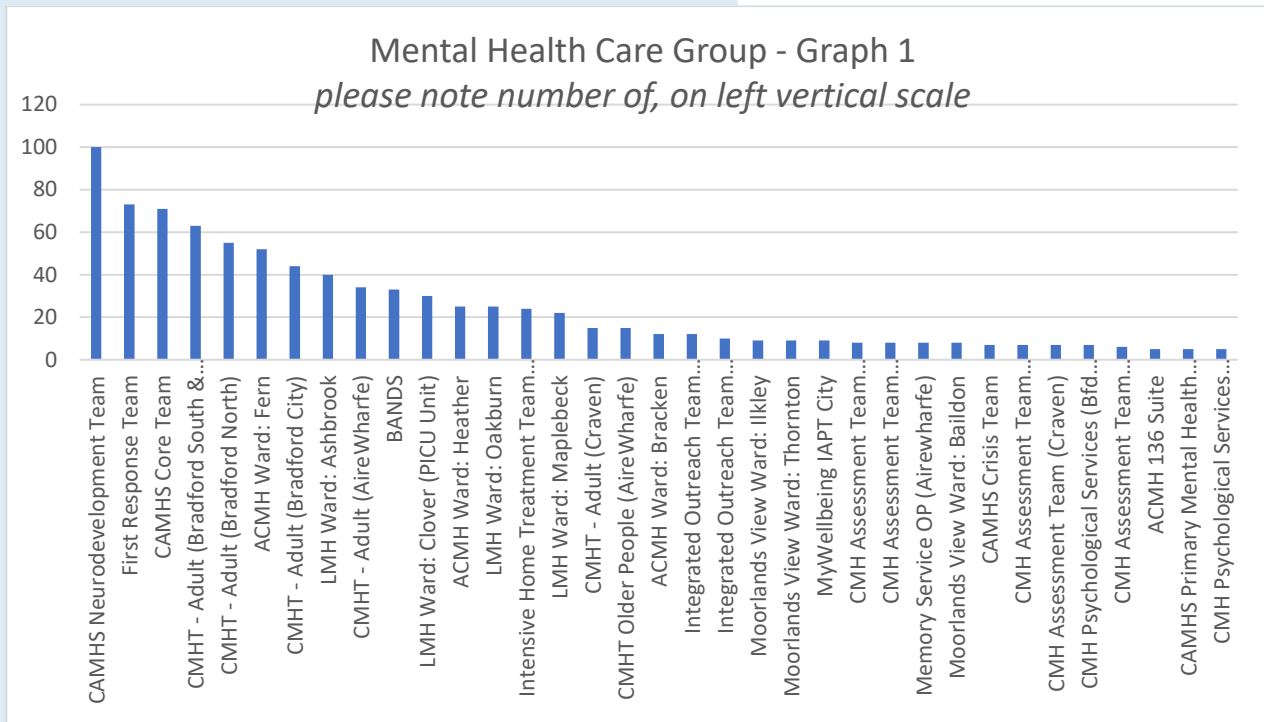
Cases in the information category relate to where people feel they have been given the wrong information or not enough information.

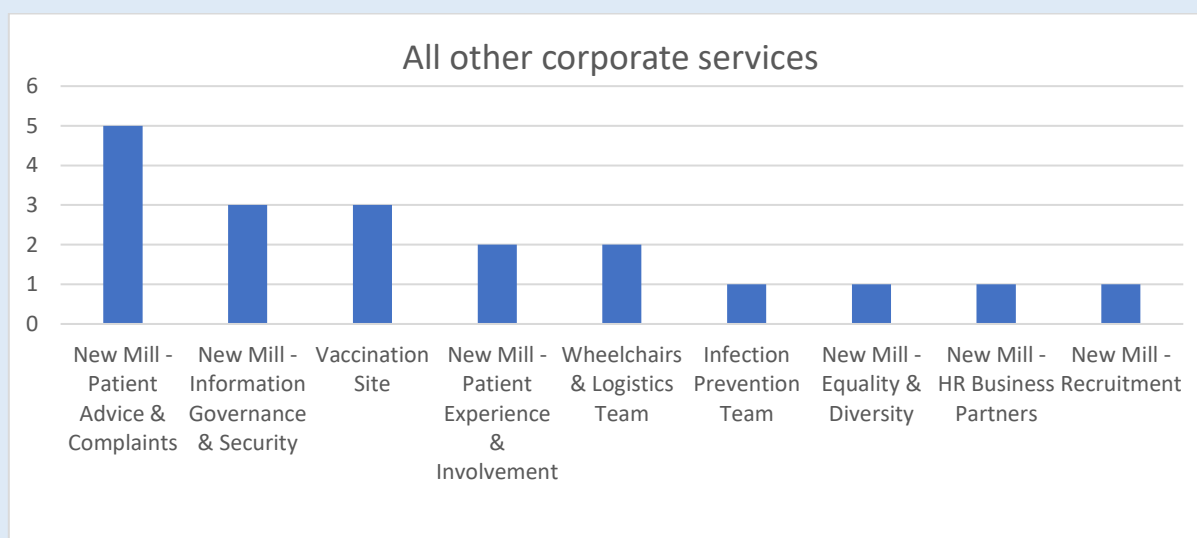
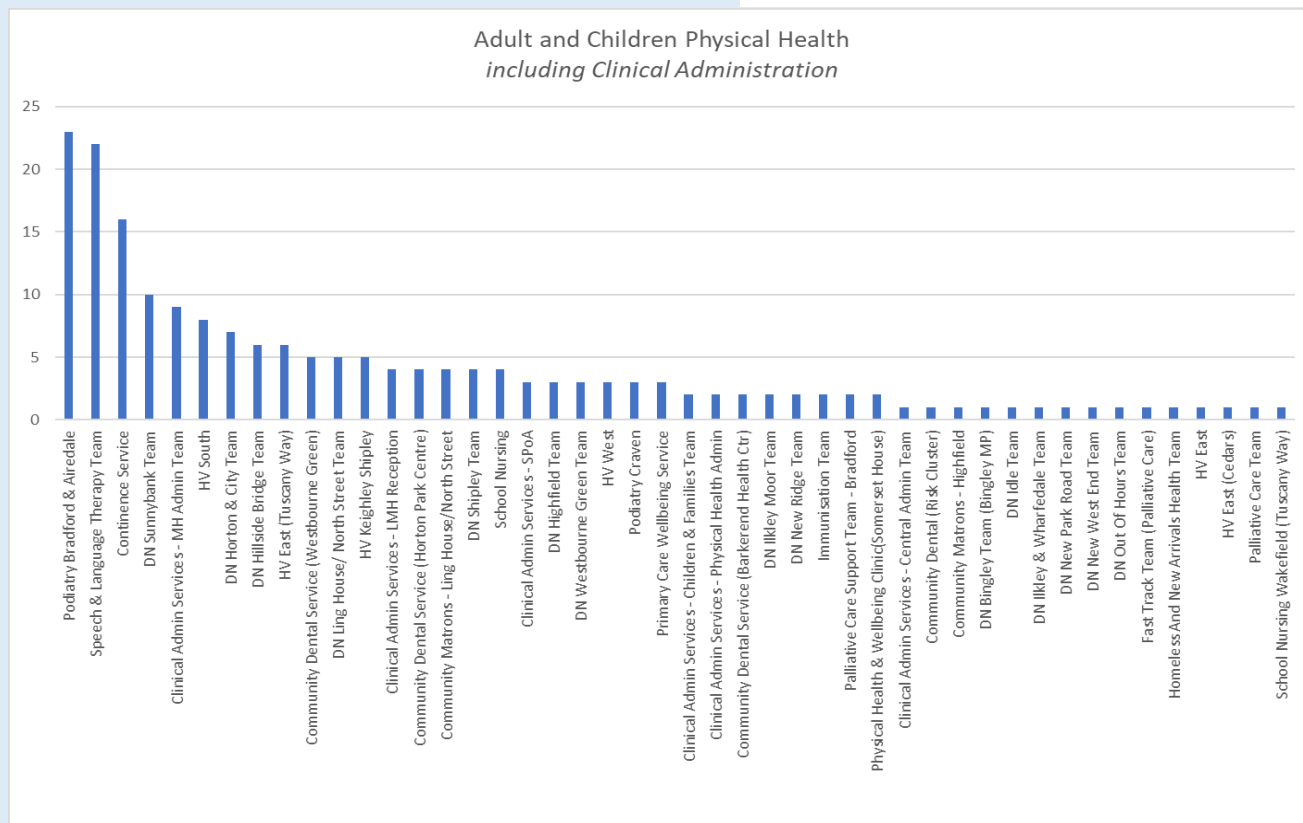
There has been an increase in cases relating to lack of support, with the majority of these relating to expectations around support needs being met.

## 7. Complaints by department

The following graphs show the number of complaints by department. It should be noted that complaints can be about more than one department and so there will be duplication in the numbers reported.

Information, including themes and trends, from complaints is uploaded monthly onto a Trust dashboard for operational services to review.





Whilst these graphs demonstrate the spread of complaints across different departments, it is important to note that these areas are not comparable and the opportunity for learning and improvement does not always equate to the areas with most complaints.

The table below identifies emerging themes raised from complaints relating to clinical services receiving the highest proportion of complaints. Themes from complaints upheld are described in section 8.

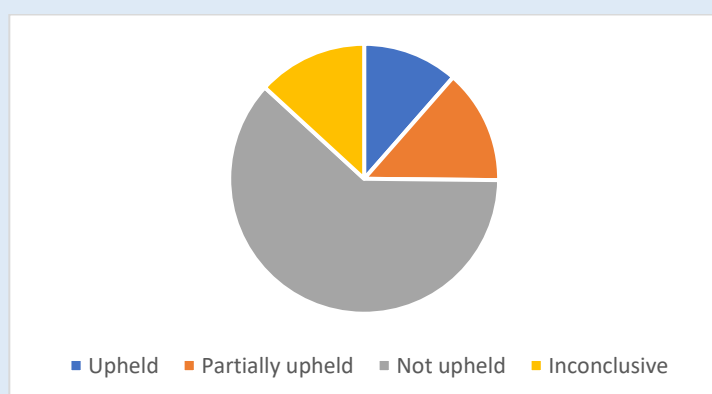
| Clinical Services                      | Waiting times |            |             |            | Staff attitude | Lack of support | Discharge | Personal property | Section 17 leave | Safety/Security | Aids/appliances | Care/treatment |
|--|---------------|------------|-------------|------------|----------------|-----------------|-----------|-------------------|------------------|-----------------|-----------------|----------------|
|  | Assessment    | Medication | Appointment | Key worker |                |                 |           |                   |                  |                 |                 |                |
| CAMHS Neurodevelopment                 | √             | √          |             |            |                |                 |           |                   |                  |                 |                 |                |
| First Response                         |               |            |             |            | √              | √               |           |                   |                  |                 |                 |                |
| CAMHS Core                             | √             |            | √           | √          | √              | √               |           |                   |                  |                 |                 |                |
| Adult Community Mental Health Teams    |               |            |             |            | √              | √               | √         |                   |                  |                 |                 |                |
| Inpatient wards                        |               |            |             |            | √              |                 |           | √                 | √                | √               |                 |                |
| Adult Neurodevelopment Service (BANDS) | √             |            |             |            |                |                 |           |                   |                  |                 |                 |                |
| Podiatry                               |               |            | √           |            | √              |                 | √         |                   |                  |                 | √               |                |
| Speech and Language Therapy            |               |            | √           |            |                |                 |           |                   |                  |                 |                 |                |
| Continence service                     |               |            |             |            |                |                 |           |                   |                  |                 | √               |                |
| District Nursing                       |               |            |             |            | √              |                 |           |                   |                  |                 | √               | √              |

## 8. Complaints upheld

Each complaint may have more than one specific area of concern highlighted in it. Some have multiple different elements that span a range of different categories. These are considered separately, and each specific element may be upheld, partially upheld, not upheld, or found to be inconclusive independently of each other.

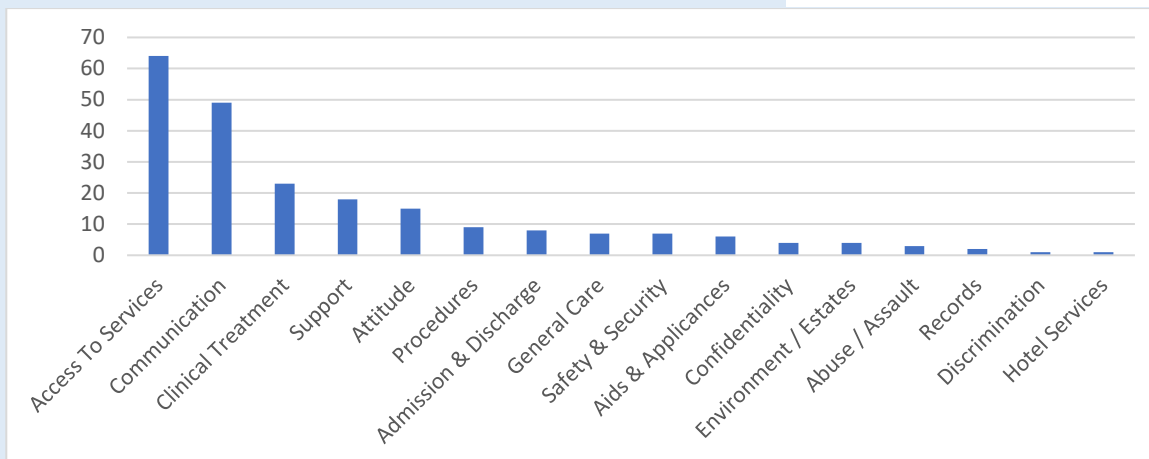
The number of complaint elements upheld is therefore often higher than the number of complaints received.

In 2022/23 582 complaints have been closed. Some of these may have been opened in the previous year and there are some complaints received this year which are not yet closed.

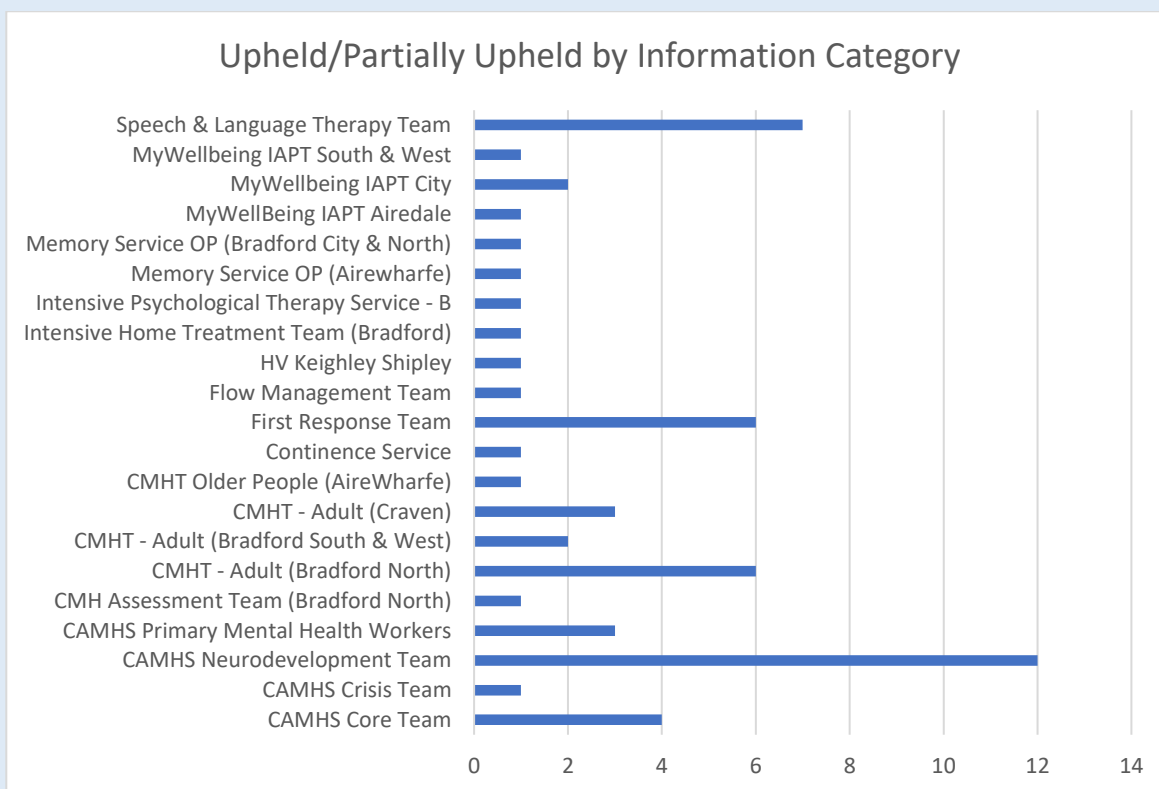


Complaints upheld  
2022/23

The graph below shows the categories where components were upheld or partially upheld:

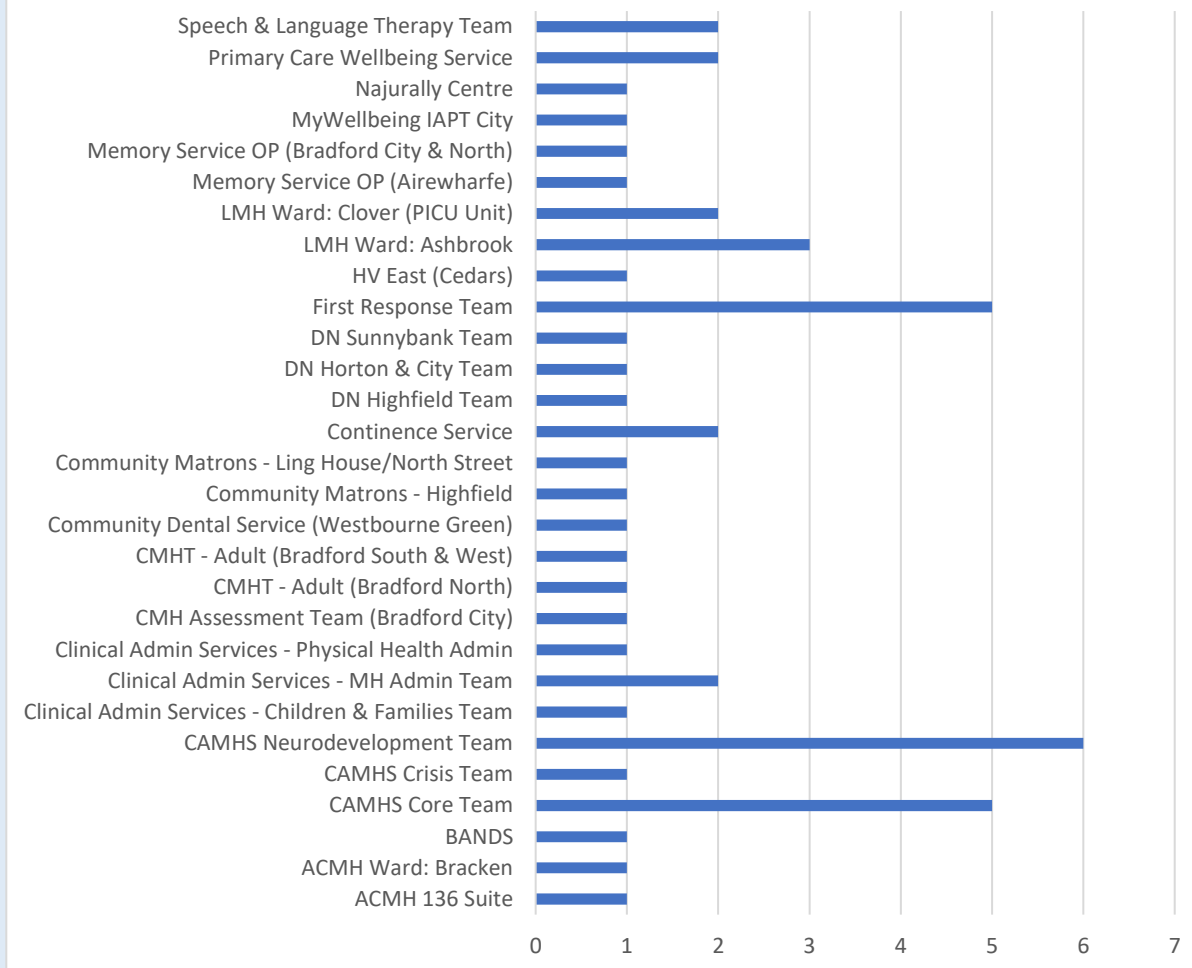


The graph below shows a breakdown of the information category by service for upheld/partially upheld cases;



The graph below shows a breakdown of the communication category by service for upheld/partially upheld cases;

### Upheld/Partially Upheld by Communication Category



## 9. Equality data

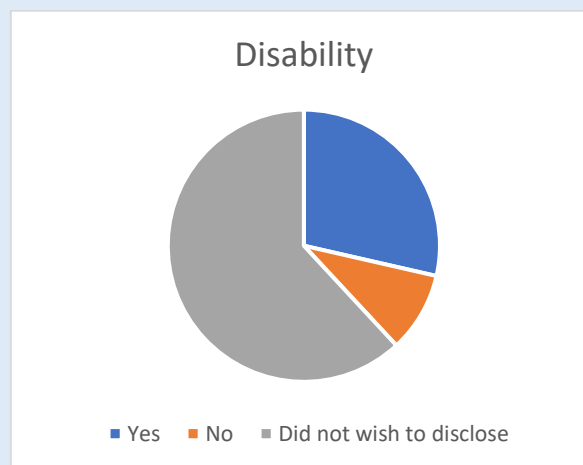
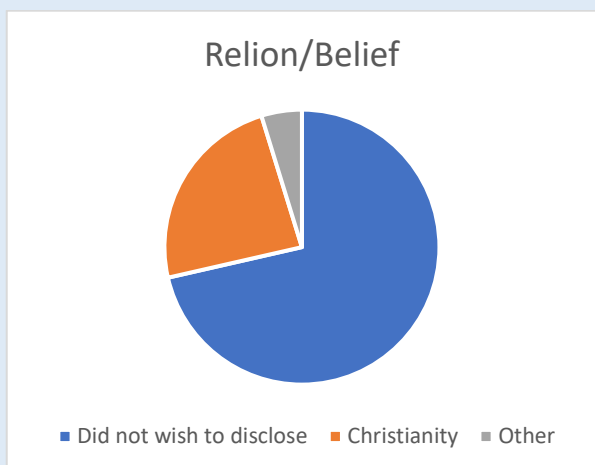
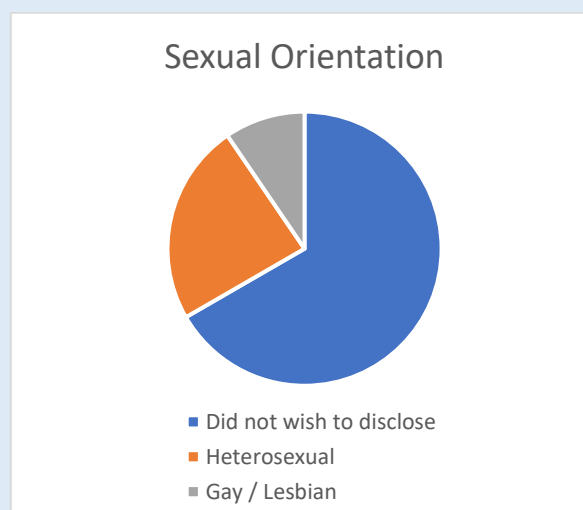
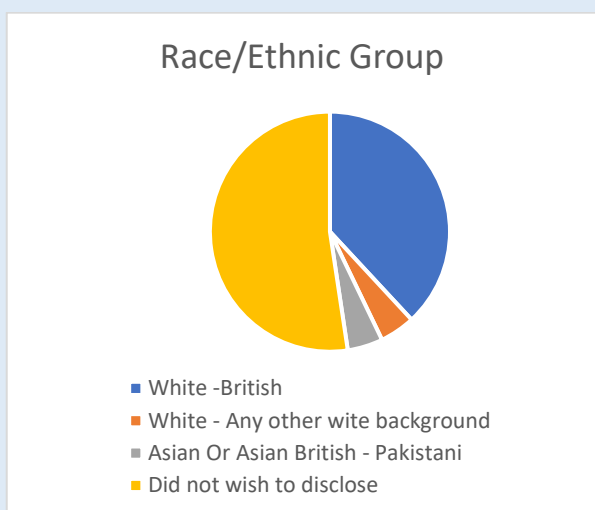
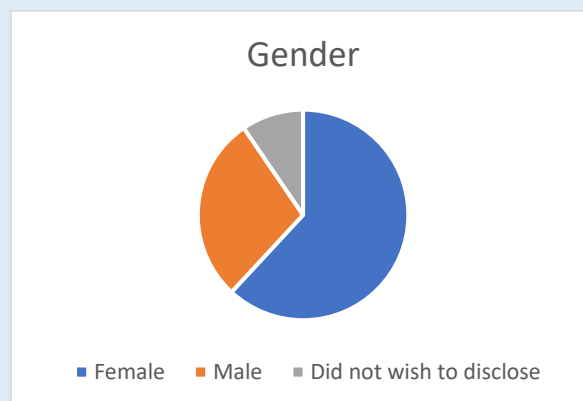
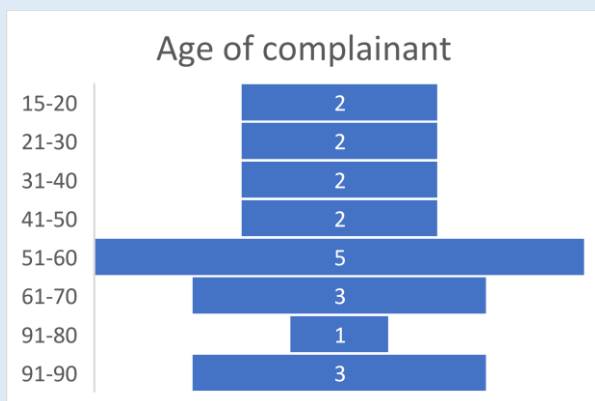
When signed consent is requested the complainant is asked to complete an equality monitoring form and return this with the signed consent form. This relates to mainly level 3 complaints and some level 2 complaints.

The equality form asks for information in relation to age, gender, race/ethnic group, sexual orientation, religion or belief and if the complainant has a disability.

The response rate is relatively low with only XX% returning the information. It is important to capture this data to enable the Trust to know if there are any gaps in the populations we are hearing from in relation to their experience with our services. This will be an area for exploration and development in 2023/24.

The data that was captured in 2022/23 provided the following insights:





## 10. Complaints process feedback

### 10.1. Feedback from complainants

For assurance that the complaints process is accessible, complainants are sent a questionnaire once their complaint has been closed.

This is to invite complainants to share their experience of the complaints process and identify if improvements are required.

When feedback is received, this is all considered and where possible improvements are made to processes based upon the feedback received. As the feedback questionnaires sent to individuals are anonymous, it is not possible to contact respondents unless details have been provided.

During 2022/23 there was a continued low response rate from complainants with 9 questionnaires returned. This is an increase on the previous year when 6 were returned, and the PAC team will explore this as an area of development during 2023-24.

The feedback received demonstrated the following:

- The majority of respondents were dis-satisfied with the process or have stated neither satisfied or dis-satisfied.
- The majority of those who have responded were unhappy with the response received.

## **10.2. Feedback from staff**

Staff are sent a questionnaire at the end of the process which they can complete anonymously. If they wish to discuss any aspect of the process, they can leave their contact details for the complaints manager to call them back. During 2022/23 the PAC team received 23 returned questionnaires.

The feedback received reflects that whilst the majority of staff have felt satisfied with the process and their involvement, some have been dis-satisfied with the process and notification and support offered by their manager.

Some respondents also commented that final documented outcomes were never shared with them by their manager.

## **11. Patient Advice and Complaints Service activity during 2022/23**

### **11.1. Service demand:**

The demand on the service has been increasing over the last year despite the recorded new cases remaining within normal variation parameters. This demand is multifactorial with the primary factor being the complexity of cases but also the data does not capture the scale of the volume due to some system recording issues for example re-opened complaints are not recorded as new cases so do not feature in the numbers.

A complaint may be logged as one case but also include the requirement for CQC and/or MP response. In response to this the service are logging all MP/Councillor

correspondence separately and any contact directly with the patient/SU/family will be logged as a separate case.

This will also support the monitoring of the target time against MP/Councillor correspondence which is currently 14 working days.

The number of signposting/enquiry (Level 0) contacts has decreased, and whilst these contacts may be simple in nature and require brief conversations to signpost people to the correct organisation, they also frequently have a significant time resource impact in assessing the information and understanding the issues in order to identify the best offer of advice.

## 11.2. Workforce

The PAC team has a significant reliance on a temporary workforce via the staff bank for the majority of complaint investigations that are required to be independent of clinical services. The availability of this temporary workforce has been unpredictable, and this can impact on available capacity at times of surges in workload or during peak holiday periods when temporary resource is less likely to be available.

The PAC team structure has not historically been sufficient to cope adequately with the volume of contacts, and following a consultation investment was made to increase the whole time equivalent workforce from 2.5 to 4. The team have been further impacted by vacancies and the instruction of new staff who have required training and development which in turn reflects in delays in resolving cases to completion. This has included delays in allocating investigations due to limited investigator capacity, with associated consequences for complainant satisfaction and impacts on the ability of the organisation to learn and respond to feedback in a timely way.

The training and development of new case handlers was prioritised and they were supported with a 4 week induction programme. Additional support has been provided to all case handlers, which is reflected in the introduction of weekly team meetings, monthly case management supervision for case handlers, monthly protected development time as well as general development days to support the review of work in line with the PHSO standards.

## 11.3. Training

The PAC Team aim to provide 2 sessions per year on complaint handling training. A session was held in June 2022, 17 of the 26 people booked on attended the session. Training was subsequently put on hold due to capacity around workforce in the PAC team.

The Parliamentary and Health Service Ombudsman (PHSO) are devising NHS Complaints Standards Training as part of the new NHS Complaints Standards. The understanding is that this training will be available for all NHS employees to access. This information will be shared once available.

In addition, training for the PAC team has been implemented on the safeguard reporting system, provided online by the system provider, Ulusses and further development work will continue to optimise use of the system to support reporting against national and local timescales.

#### **11.4. Complaints Assurance and Review Panel (CARP)**

In 2022/23 a new Complaints Assurance and Review Panel (CARP) was established as a fortnightly oversight group within the Trust with responsibility for ensuring that processes for complaints handling are robust and support high quality resolution and continuous improvement from feedback.

It ensures parity of the complaints process with other quality processes (e.g. patient safety incidents and learning from deaths), provides strategic direction and critical challenge to improve processes.

### **12. Next steps and development**

Following the consultation described in section 11.2, a new post of Patient Advice and Complaints Manager was recruited to and commences in June 2023. The impact of a fully resourced team will support in the monitoring and maintaining of timescales agreed locally by Trust policy and NHS Complaint regulations.

All contacts (unless resolved within 24 hours) are now logged as complaints and more emphasis will be placed on attempts at local resolution to achieve a satisfactory outcome for the complainant at the earliest opportunity (best practice suggests within 10 working days).

Where cases require a further look, a level 2 complaint review may be required to ascertain the scope of the issues or a senior review may be requested. Where it is determined that a case, either identified at initial review or after a level 2 review, is complex or raises significant safety or quality concerns it will be processed through a level 3 investigative approach. This is in line with PHSO standards and policy and reporting amendments will be made to reflect this throughout 2022/23.

Specific development activity planned for 2023/24 includes:

#### **12.1. Policy development**

The complaints process, policy and standard operating procedures will be revised to reflect the new PHSO standards for complaints handling and align with patient safety response processes. This will include good practice guidelines for the PAC team regarding access to records, consent, documentation and response methods. This development will support the PAC service in:

- ~ achieving regulatory standards for acknowledgement and complaint response times

- ~ improving communication with complaints and ensuring all have agreed complaint plans and timescales
- ~ improving risk assessment and escalation processes
- ~ ensuring the most appropriate method of response is utilised
- ~ ensuring aligned templates across patient safety and complaint investigations, including action planning.

## **12.2. Language review**

A review of language will be undertaken to support the delivery of a compassionate culture, ensuring compassion is central to all complaint handling and correspondence.

## **12.3. Reporting metrics**

System improvements to increase the quality of reporting on learning from complaints to enable more robust triangulation of information to support learning across the organisation. This will include better documentation of sources and types of complaints, action plans and incidental learning identified from upheld complaints.

## **12.4. Feedback**

The PAC team will review potential opportunities to improve the feedback response rates from both complainants and staff. Feedback activity will be discussed at the PACS Business Meeting to ensure timely review and action in relation to feedback received.

## **12.5. Equality data**

PACs will review options for improving the capture of equality monitoring data to support the ambition to be an fully accessible service to all, and identify any gaps where some voices are not being heard.

## **12.6. Volunteers**

The PACs continues to work with the Volunteering Service and will review the role of the volunteer across the wider Patient Experience platform.

## **12.7. Bi-Annual Complaints Improvement Group (BiCoIG)**

Due to pressures within the PAC team, the new Bi-Annual Complaints Improvement Group (BiCoIG) has been paused. This will replace the complaints review panel to repurpose it to focus on learning and development. Individual cases will still be retrospectively reviewed and there will be a more significant emphasis on the experience of the complainant, complaints team and clinical team of the process with a focus on compassion, personalisation and communication. Learning will be identified from reviews and/or further explorations and recommendations can be made to the CARP for further exploration.

## **12.8. Team restructure**

The PACs is now in aligned within a new structure with the Patient and Carer Involvement and Experience Team (PCIET) and development work will begin in 2023/24 to embed new ways of working across the teams to support wider improvements in patient experience.

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