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Agenda item 19   **PAPER M**

Report to:	Governance Committee – 26th April 2019
Author:	Angie Fletcher, Service Experience Clinical Manager
Presented by:	Angie Fletcher, Service Experience Clinical Manager

SUBJECT: **Complaints: Annual Report 2018-2019**

This Report is provided for:

~~Decision~~	~~Endorsement~~	**Assurance**	**Information**

EXECUTIVE SUMMARY

This report presents high level information and analysis about complaints and concerns received by the Trust in 2018-19. The data have been considered in a number of ways to review any themes and trends. An indication and assurance of learning from the feedback and the high level action taken by the trust is provided in line with our support of the NHS Constitution and our values to deliver best quality care viewed through the eyes of service users and carers.

(1) Assurance

This report provides **significant assurance** that complainants are contacted within 3 days or less to acknowledge and further clarify their concerns (97%).

This report provides **significant assurance** that the Trust has made considerable effort to listen to, understand, and resolve complaints over the past year. The themes of complaints received during 2018-19 have been reviewed and comparisons made with information from previous years. Data have been recorded and analysed to ensure that complaints and concerns from individuals are responded to promptly and effectively.

During 2018-19 the Trust provided treatment and care through 109,679 individual contacts. We recorded 74 formal complaints, suggesting that 0.07% of our contacts resulted in the people we supported feeling the need to make a formal complaint. The number of complaints received during 2018-19 (n=74) is slightly more than the previous year (n=65).

There is **significant assurance** that individuals are increasingly prepared to share their concerns. This is evidenced by the increased number of concerns resolved out with the formal NHS complaints process.

This report provides **significant assurance** that the Trust seeks to learn from service experience feedback and to share this learning across the organisation in order to further improve service experience.

(2) Improvement – practice developments for complaint resolution process

A number of practice development objectives are planned for the coming year including to:

- Continue to develop and implement the action plan in response to the findings of the external audit of complaints undertaken by PwC.

- Continue to develop our PALS service to reach more of the people that we serve.

- Develop the recording and thematic analysis of compliments to allow themes and trends to indicate areas of good practice to share and replicate within our services.

- Develop a joint Complaint Policy relevant to both our Trust and colleagues from Gloucestershire Care Services (GCS) colleagues in preparation for the potential merger of the two organisations

- Take part in the review and implementation of any recommendations received from scrutiny of the complaint resolution process.

RECOMMENDATIONS

The Governance Committee is asked to note and discuss the content of this report and agree that it be presented at Trust Board.

Corporate Considerations	
Quality implications:	The Complaints Annual Report offers assurance that the Trust continues to enable continuous improvement to services quality by implementing learning from service experience.
Resource implications:	The Complaints Annual Report offers assurance to the Trust that resources are being used to support the best service experience for service users and carers.
Equalities implications:	No individual is excluded from using the NHS Complaints process. The Complaints Annual Report offers assurance that the Trust is attending to its responsibilities regarding equalities for service users and carers.

Risk implications:	Feedback from service experience offers an insight into how our services are received. Compliant information provides an important mechanism for identifying performance, reputational and clinical risks.

WHICH TRUST STRATEGIC OBJECTIVE(S) DOES THIS PAPER PROGRESS OR CHALLENGE?

Continuously Improving Quality	P
Increasing Engagement	P
Ensuring Sustainability	P

WHICH TRUST VALUE(S) DOES THIS PAPER PROGRESS OR CHALLENGE?

Seeing from a service user perspective			P
Excelling and improving	P	Inclusive open and honest	P
Responsive	P	Can do	P
Valuing and respectful	P	Efficient	P

Reviewed by:			
Jane Melton, Director of Engagement and Integration		Date	18th April 2019

Where in the Trust has this been discussed before?	
	Date

What consultation has there been?			
Lauren Edwards, Deputy Director of Engagement		Date	17th April 2019

Explanation of acronyms used:	NHS – National Health Service SED – Service Experience Department PALS – Patient Advise and Liaison Service CYPS – Children and Young People's Service CAMHS – Child and Adolescent Mental Health Services FRL – Final Response Letter PHSO – Parliamentary Health Services Ombudsman CQC – Care Quality Commission LGO – Local Government Ombudsman NED – Non Executive Director NPAC - Nursing Professional Advisory Committee TBC – To be confirmed

Annual Report: Complaints

1st April 2018 – 31st March 2019

CONTENT

Complaints Annual Report
1st April 2018 – 31st March 2019

This report	This report is about the complaints that ²gether Trust gets. It also looks at people's concerns. Concerns are like complaints but are managed less formally and more quickly.	
	We saw over **41,000** people in the Trust in 2018-19.	
Complaints	**74** people complained. This is more than last year (65). This is less than most other mental health Trusts.	↑
Concerns	286 people told us their concerns. This is a lot more than last year (189).	↑
Acknowledge	97% of people who complained were contacted within 3 days. We talked to them about how they wanted us to help.	↔
Overall	43% more people contacted the Service Experience Department for help or advice. We want to hear about people's experiences. This helps us to make services even better.	↑
Ombudsman	The ombudsman checks if we manage complaints properly. 3% of complaints were passed to the ombudsman. This is fewer than last year (6%).	↔
Next steps	Next we will: - Speak to more people about their experiences with our services. - Make sure that we share and learn from the things that we do well.	

Key

			Full assurance
↑	Higher/more activity		Significant assurance
↔	Activity remains similar		Limited assurance
↓	Lower/less activity		Negative assurance

²gether NHS Foundation Trust
Complaints Annual Report – 2018-19

1.   INTRODUCTION

1.1   This report presents information regarding complaints received by the Trust between 1st April 2018 and 31st March 2019.

1.2   The Complaints Annual Report is an external audit requirement as part of the assurance processes for the Quality Report/Account. Quarterly Service Experience Reports provide the Board with aggregated information gained from an in-depth analysis of service user and carer experience information from a variety of sources, including complaints.

1.3   The Complaints Annual Report provides a brief overview of the national and local context. It goes on to provide specific information about the number of complaints received throughout the year, emerging themes from complaints, a summary analysis of the issues that have arisen, and the lessons learned by our Trust. Comparative data is provided with previous years and where available, with other healthcare organisations. Some examples of individual experiences are also highlighted in vignettes to provide insight into individual complaints and context to the report. The report concludes with recommendations for developments in complaint handling, recording and reporting in the coming year.

2.   CONTEXT

2.1   National context

Nationally and locally, understanding the experiences of service users and carers remains essential to allow evaluation and improvement of our services. Ongoing practice improvements coupled with current national guidance[1] has informed developments within the Service Experience Department, including the ways in which we handle and resolve complaints. Key actions and areas for further development required nationally include:

- Raising awareness of the importance of encouraging service user feedback and making sure people know how to complain.

- Ensuring that people who raise issues feel confident that their complaint will be dealt with fairly and effectively.

- Assurance that complaints will be investigated consistently and transparently using a robust framework.

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[1] https://www.ombudsman.org.uk/mental-health

https://www.ombudsman.org.uk/about-us/our-principles/principles-good-complaint-handling

- Responding to complaints with open, honest and sensitive feedback regarding the findings of complaint investigations, highlighting opportunities for learning and actions taken.

2.2 Local context

2.2.1 Building on developments from 2017-18, during 2018-19 the Service Experience Department (SED) has continued to focus on and improve complaint management processes with the outcomes summarised in Table 1.

Table 1: progress against identified areas for development during 2018-19

Areas identified for SED development during 2018-19	SED progress and achievements during 2018-19	Assurance level
To review current processes and continue to work with locality colleagues to seek early resolution and more timely responses to formal complaints.	Although Quarter 4 has seen a dip in the timeliness of complaint responses (explored in further detail in this report), SED and locality colleagues have continued to work together to resolve concerns at an earlier stage.	SIGNIFICANT
To consider utilising clinical skills within the SED to undertake some complaint investigations.	A pilot was completed by SED where complaint investigations were undertaken by our Complaints Manager. Timeliness for investigations was much improved and the use of dedicated investigators is being discussed further with locality colleagues.	FULL
To continue to work with colleagues across the Trust to review and improve dissemination of learning from complaints and to ensure that service user feedback is considered and embedded in practice.	Monthly and quarterly learning reports are produced by SED for each locality and locality colleagues now report progress and learning to our Quality Clinical Review (QCR) committee. Work is ongoing to ensure further developments in this area.	SIGNIFICANT
To continue to raise the profile of Patient Advice and Liaison Service (PALS) presence within our services to enable more feedback to be gained and timely response and resolution of concerns.	Our PALS colleagues have established their presence within our community hubs and recovery units this year and will continue to reach out to more of our services throughout the coming year.	FULL
To continue to triangulate complaints with concerns, comments, compliments and survey information to gain rich information to inform practice and service development.	Triangulation of feedback has continued throughout 2018-19 and is reported via our quarterly SED reports reviewed by our Board.	FULL

Areas identified for SED development during 2018-19	SED progress and achievements during 2018-19	Assurance level
To continue the development of the style and tone of Final Response Letters.	The SED have continued to develop Final Response Letters by working with other local NHS Trusts to share best practice, receiving feedback from service users and carers and keeping up to date with national practice developments.	SIGNIFICANT
To continue to review and implement all recommendations to improve the complaints process received from external reviews/audits and Non-Executive Director (NED) audits.	The outcomes of NED audits have continued to be reviewed and recommendations implemented throughout 2018-19. Findings from additional audits and compliance with recommendations are reported in section 6.3	SIGNIFICANT
To collaborate with colleagues from Gloucestershire Care Services (GCS) to share and learn from best practice in local complaints resolution.	Steps have been taken during 2018-19 with our GCS colleagues to consider future alignment of our complaints processes and a supportive shared Policy on complaints in preparation for. These will be required if the two organisations are to come together.	SIGNIFICANT

2.3 Quarterly Service Experience Reports

2.3.1 Quarterly reports about service experience activity are presented to the Trust Board and reflect the importance placed on striving for positive service experience for all. The Trust's culture is to welcome feedback including complaints, concerns, comments and compliments from any service user, carer and/or their representative. ²gether's aim is to resolve people's complaints or concerns to their satisfaction, learning and taking action whenever possible.

2.3.2 The learning from complaints is shared through the Trust's governance structures in order to disseminate learning and to inform practice. Key themes are highlighted and assurance is sought from Locality Directors regarding local implementation. During 2018-19 quarterly analysis of themes and trends to learn from service users' and carers' experiences has been undertaken and regular reports have been developed and shared with each locality. The Service Experience Department endeavours to have a senior representative at each locality governance meeting in order to support discussion and respond to queries.

2.4 Service Experience Department

2.4.1 The Service Experience Department aims to deliver a robust, clinically-led approach to the management of all aspects of the Trust's service experience

processes, in partnership with operational and clinical colleagues across services.

2.4.2   The Service Experience Department has a dedicated Complaints Manager who has extensive clinical experience and who works alongside a Service Experience Officer. In addition, the Patient Advice and Liaison Service (PALS) role has continued to develop during 2018-19 to support the triage of complaints at first contact and to facilitate the timely resolution of concerns raised by service users and carers.

2.4.3   In addition to the regular visits to our inpatient units established in 2017-18, this year our PALS officers have a regular presence at our Recovery Units and our busiest community hub. These visits allow PALS to support people to have their views heard, to resolve any concerns, and to obtain feedback about service user and carer experience. To support this service, volunteer PALS workers continue to be recruited in order that an equitable service can be provided across our Trust.

2.4.4   Service user feedback continues to be coordinated by the department, including the Friends and Family Test and Quality Survey. The survey combining these aspects, known as our "How did we do?" survey has continued during 2018-19. Developments during the year include establishing and implementing a new software package in order to allow more in-depth analysis of feedback about our services. This development of the use of this software will continue during 2019-20.

2.5   Training and practice development to resolve complaints

2.5.1   The Corporate Induction training programme currently includes a session led by the Service Experience Department informing all new [2]gether colleagues about the functions of the department, advising about local complaint handling processes, and sharing examples of service user feedback.

2.5.2   Combined Serious Incident investigation and Complaint investigation training for senior colleagues continues to be offered regularly by our Training Department, along with a senior member of the Service Experience Department, to support the development of the appropriate skills required for complaint investigation.

2.5.3   During 2018-19 the Service Experience Department continued to support colleagues through the required complaint management processes using a coaching style to ensure robust and impartial investigations are undertaken.

2.6   Audit of complaints

2.6.1   The Trust continues the good practice of commissioning quarterly audits of the complaints handling process by Non-Executive Directors (NED) of the Trust Board.

2.6.2   The aim of the NED audit is to monitor if the Trust is meeting best standards for complaint management. The standards emphasise the requirements of

rigor of the complaint investigation, the openness, candour and tone of communications, and the efficacy of the organisation in learning from complaints and concerns.

2.6.3 Following each audit a report of findings is prepared for our Trust Board by the NED undertaking the audit, and their recommendations for improvement are reviewed and implemented by the SED. An end of year consolidation of finings is also being undertaken and will be presented to the Trust's Governance Committee in June 2019.

2.6.4 Audits undertaken by NEDs provide a mechanism of assurance about whether the Trust continues to follow best practice in line with the values of the organisation and the NHS Constitution for England[2].

2.7 Team work across the Trust in 2018-19

2.7.1 The Service Experience Department continues to work closely with colleagues across our clinical services and corporate departments. Regular meetings have taken place with Service Directors, locality leads and Team Managers. Some examples of action taken as a result of liaison and feedback from colleagues include:

- The development of practice notices in order to improve cascade of learning, based on direct feedback from colleagues,
- Adapting the style and focus of PALS reports and a process to provide Locality Governance with an anonymised version for cascade
- Expanding PALS visits to incorporate community services in order to capture more feedback
- Session within the Leadership Forum to seek views on support to encourage management of issues and ownership of actions at a local level

2.7.2 The Service Experience Department will continue to work closely with colleagues to support effective complaint resolution and dissemination of all learning identified during the complaint handling process.

3. COMPLAINT INFORMATION 2018-2019

3.1 Data collection and analysis

3.1.1 The complaint and PALS data is entered into a database and analysed using the Datix computer software system. As well as recording the number of formal complaints and PALS contacts, a vast amount of qualitative data is entered into Datix. This includes:

- The number and nature of the complaints and concerns regarding services provided by our Trust.

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[2] https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england

- The number and nature of compliments forwarded to the SED from a variety of sources.
- The number and nature of contacts made with the SED requiring signposting or advice activity
- Categorisation of all concerns and complaints to enable detailed analysis of themes.

3.1.2   The data is analysed to show the total number of complaints and/or concerns by ward, department, service and profession.

3.1.3   During 2018-19, the categorisation of concerns and complaints entered on Datix has continued to be reviewed on a monthly basis by Service Experience Department colleagues to ensure accuracy and consistency and to minimise variation. The reviews are overseen by the Clinical Manager for Service Experience Department for added assurance.

3.1.4   Further refinements to Datix have been undertaken during 2018-19, allowing the SED to record and analyse data using robust, consistent methods.

3.2   Numbers of reported formal complaints

3.2.1   Between the 1st April 2018 and the 31st March 2019 our Trust recorded **74** formal complaints, in the context of 109,679 individual contacts. This represents a small increase from the 65 formal complaints recorded for our Trust during 2017-18.

3.2.2   Despite a slight increase in the numbers of formal complaints received during 2018-19, similarities can still be drawn between the monthly averages of complaints received during the previous 4 years. This information is shared with operational colleagues in order to support their exploration of any operational challenges which may coincide with anticipated peaks in complaints.

3.2.3   Figure 1, shows a similar number of spikes in complaint numbers at similar times of the year. The most notable differences identified in September when the lowest number of complaints were recorded followed by the highest number of complaints for the year being recorded in October.

Figure 1 – The monthly number of complaints received in 2018-19, compared to the average over the preceding four years.
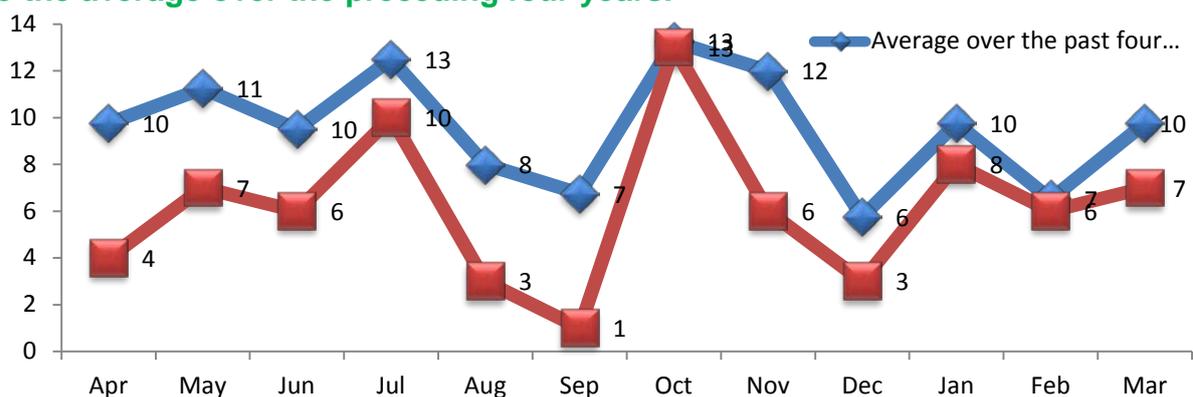
3.2.4 Complaint numbers recorded over the past two years continue to be low when analysed in relation to the total number of individual contacts with our services (Figure 2).

Figure 2: Percentage of complaints recorded by contacts with services shown by county over the past 2 years.
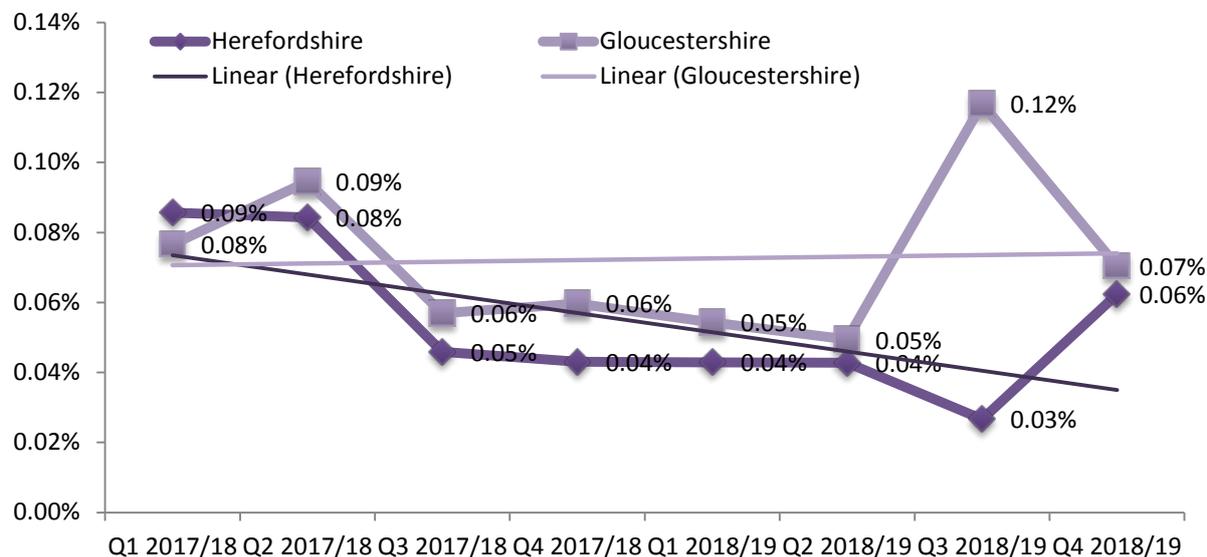
3.2.5 *NHS Digital* capture information about the number of individual complaint *issues* that are contained within each formal complaint, as well as numbers of individual complaints. The number of complaint issues reported to *NHS Digital* this year by our Trust was **425** and these were contained within the **74** individual complaints. This represents an increase from 267 issues contained within 65 complaints raised in 2017-18.

3.2.6 This year the number of complaint issues within each complaint ranged between **1** and **23**. This is an average of 6 issues per individual complaint, an increase of 50% from the 2017-18 average of 4 issues per individual complaint.

3.2.7 The outcome of investigations, that is whether individual complaints (not individual issues) were classified as Upheld, Partially Upheld or Not Upheld, is also reported to *NHS Digital*. Analysis of themes emerging from outcome data is undertaken in Section 5 of this report.

3.3 Source of complaints

3.3.1 The sources of complaints remain similar to previous years. Figure 3 illustrates that 36% (n=27) of complaints were from people who had accessed our service themselves and contacted our Trust directly to raise their concerns, compared to 45% (n=29) in 2017-18. A higher proportion of complaints (64%, n=47) were made by family members or carers, compared to 51% (n=33) in 2017-18.

3.3.2 In total 91% of all complaints received this year were made by service users, their partners, carers or relatives, compared to 95% in 2017-18, the remaining

9% were raised by combination of members of the public, and other organisations. Ongoing community and inpatient visits by our PALS team has allowed us to continue to seek feedback from those in contact with our services.

Figure 3: Complaints received by source 2018-19
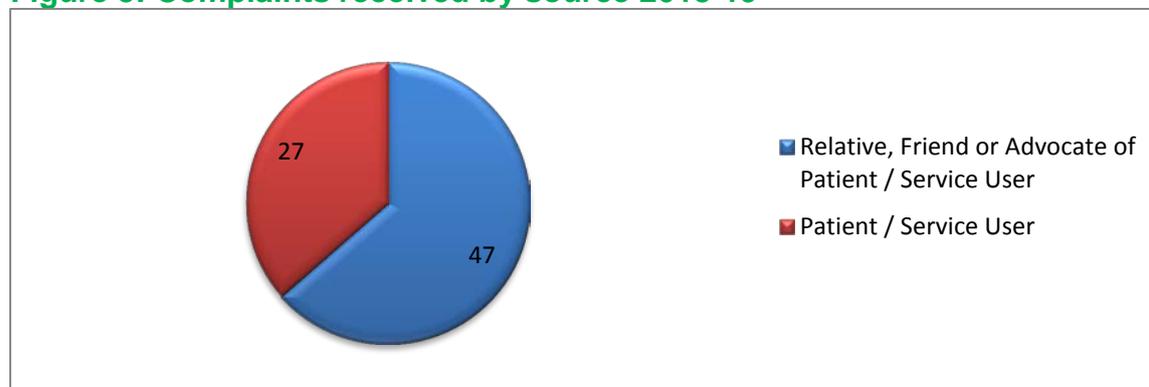
3.4 **Methods used to raise complaints**

Table 2: Complaints by method of submission 2018-19

The trend for submitting complaints electronically continues to grow in line with previous years. The development of our Trust's external website has supported people to email the SED directly to raise concerns or complaints, rather than via their care team. 36 complaints were received this year via this method, suggesting the development of this resource has been positively received.	Method	Total
	Email	36
	Feedback form	6
	In person	1
	Letter	14
	Telephone	17

3.5 **Time taken to acknowledge complaints**

3.5.1 People who contact the SED should receive a response within three working days. The SED seek to resolve issues in the most timely and proportionate manner. Those who wish to pursue a formal complaint will have their complaint issues clarified and sent to them in writing for confirmation – this is known as the acknowledgement of complaint process.

3.5.2 In 2018-19 **97%** of complainants were contacted within 3 days or less to acknowledge and further clarify their concerns. This is a slight reduction from the 100% achieved in 2017-18.

3.6 **National complaint data benchmark**

3.6.1 *NHS Digital* collect a count of written complaints made by (or on behalf of) service users about NHS services each year. Since 2015 the data collection method (known as KO41a) has been revised in both format and frequency.

Our Trust has continued to comply with the requirement to provide quarterly data for the KO41a submission

3.6.2 Aggregated quarterly reports are produced by *NHS Digital* who have advised that their methodology is provisional and experimental and so care should be taken when interpreting the results.

3.6.3 Figure 4 shows the national benchmarking data for the numbers of formal complaints reported per 100, 000 face to face contacts by Mental Health Trusts in England during 2017-18 (most recently published data). Our Trust results are shown in red as MH30 with a total of 33 formal complaints recorded per 100,000 face to face contacts during this period of 2017-18. This is significantly lower than the national average.

Figure 4: Benchmarking data of reported formal complaints per 100,000 face to face contacts 2017-18
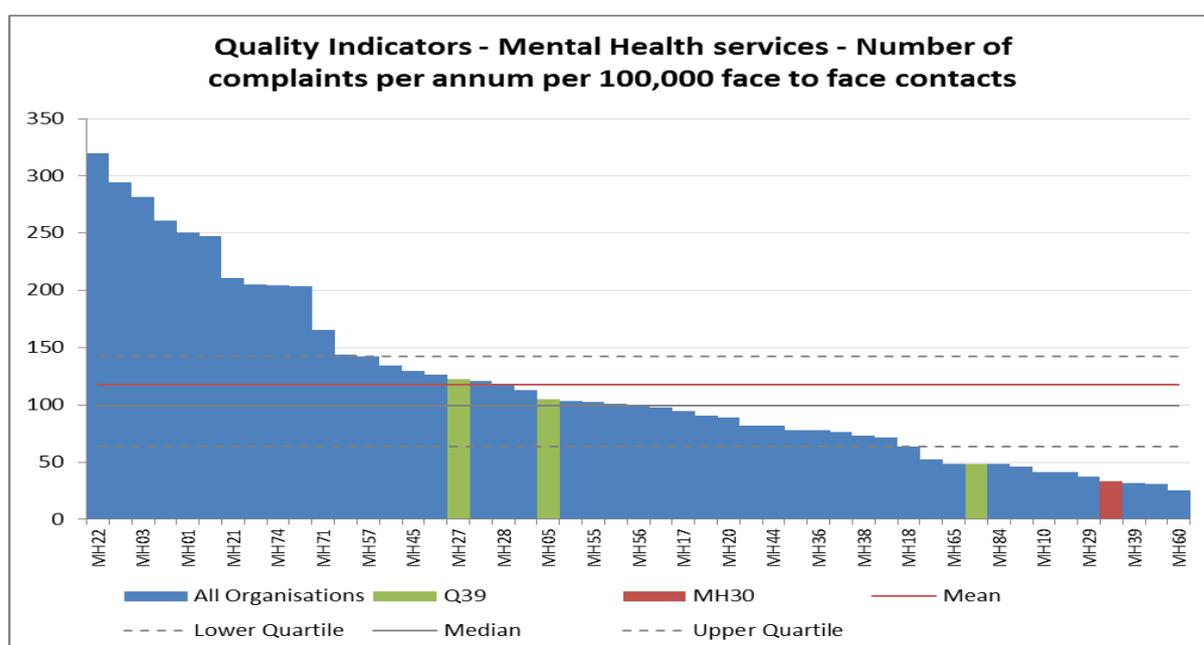
3.6.4 Whilst the number of formal complaints received by our Trust is significantly lower than the average within the *NHS Digital* data, it is important to note that the number of concerns and contacts processed by the Service Experience Department has risen. This may suggest that the Service Experience Department and operational colleagues are actively working to seek more feedback and to listen to people's experiences.

3.6.5 The leadership from the Service Experience Clinical Manager, along with the Complaints Manager and continued development of the PALS role has meant that responses to people's feedback are often undertaken in a way that enables timely action and local resolution for those involved.

3.7   Comparison of the management of complaints and concerns

3.7.1   During 2018-19 a greater proportion of issues raised with the Service Experience Department have been addressed through the *management of concerns* process.

3.7.2   Analysis of this information for 2018-19 shows that there has been a 14% increase in the number of formal complaints (n=74), and the number of concerns has increased by 51% (n=286) (Figure 5).

Figure 5: Illustration of complaints and concerns 2015-16, 2016-17, 2017-18, and 2018-19
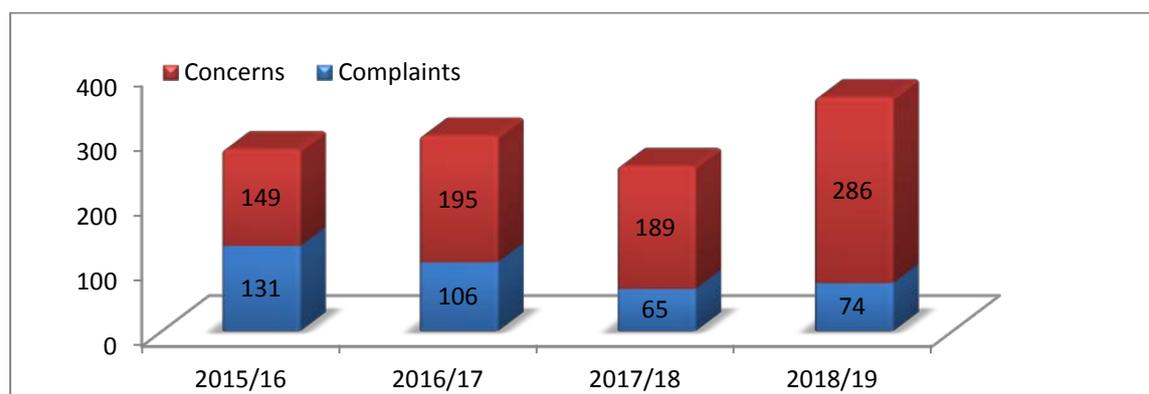
3.7.3   There has been a 42% increase in the combined number of complaints and concerns reported to the Service Experience Department during 2018-19.

3.7.4   The SED record additional contacts made directly with the department and these are categorised as requiring advice or signposting, and are captured on Datix.

3.7.5   During 2017-18, **273** contacts for advice or signposting were recorded. This type of contact has increased by **44%** in 2018-19, with a total of **393** advice and signposting contacts recorded.

3.7.6   In total, an increase of 43% can be seen in 2018-19 for the total number contacts made with the SED concerning complaints, concerns and advice and signposting (2017-18 = 527 individual contacts recorded).

3.7.7   As a Trust we view this positively as we actively encourage people to engage with us, share views of their experience, and seek resolution where concerns are raised, enabling us to learn and improve our services.

3.7.8   Managing issues at the time that they are raised encourages a swift and local resolution through negotiation between clinical and operational staff, the complainant, and other service areas and organisations. This approach has a continued to positively impact upon the number of formal complaints our Trust has received this year.

4. ANALYSIS OF COMPLAINTS RECEIVED (pre-investigation)

4.1 Reported complaints (pre-investigation) by locality and service type

4.1.1 The Datix system allows more information to be recorded and subsequently analysed in relation to complaint data. Continuing with the good progress made in 2017-18, the SED have been able to utilise Datix to record and evaluate complaint data not only for each locality but also down to service-level.

4.1.2 The number of complaints by locality is shown in Figure 6.

Figure 6: Complaints by locality 2018-19
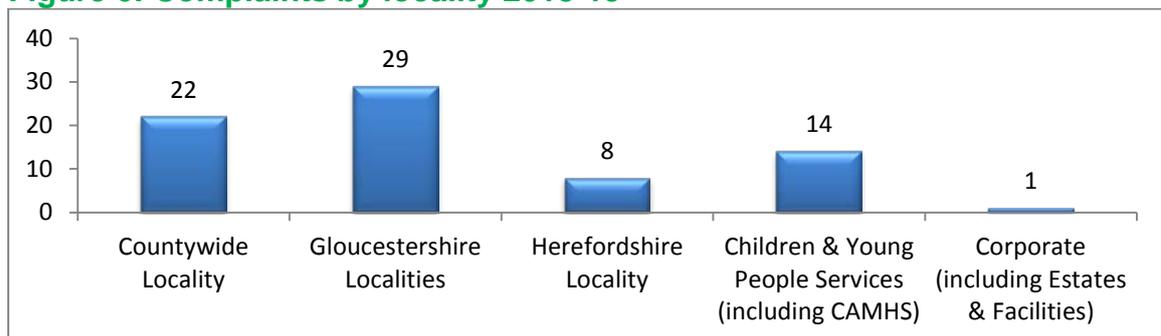
4.1.3 Information is shared on a monthly basis with localities in order to allow each service to discuss any potential trends and implement learning from the complaints.

4.2 Reported complaints (pre-investigation) by type and sub-type 2018-19

4.2.1 The types of issues identified within formal complaints during 2018-19 are presented in Figure 7. Analysis of complaint issues as reported (pre-investigation) allows us to have an overview of how people have experienced our services. The main themes identified within these data are that complaint issues most often relate to communication, patient care, and following policy or procedure. Dissatisfaction with staff attitude and behaviour also remains an issue in many of the complaints raised with our Trust.

Figure 7: Issues (n=425 total) of complaints as reported (pre-investigation) by area of concern
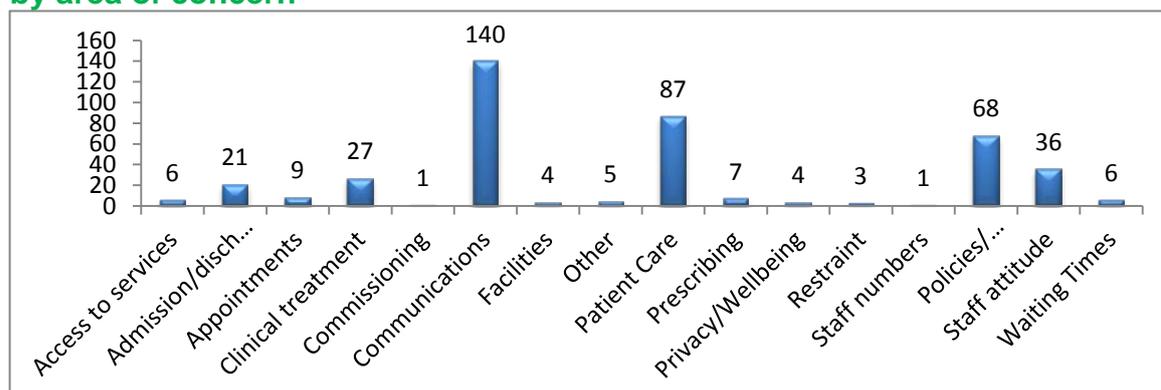
4.2.2 Further analysis of these themes is undertaken in Section 5 of this report, focusing on the outcome of completed complaint investigations.

4.3 Complaints by staff group

4.3.1 The number of complaint *issues* involving different disciplines and staff groups has continued to be recorded for *NHS Digital* this year. The majority of complaint issues relate to the nursing staff group and data is presented in Table 3.

4.3.2 Professional leads are made aware of any themes relating to their professional group.

Table 3: Percentage of complaint issues as reported (pre-investigation, outcome unknown) in relation to staff group compared to staff group as a percentage of the workforce.

	% of complaint issues relating to staff group	% total workforce figures by staff group
Medical	**18%** (n=477)	**4%**
Nursing	**52%** (n=222)	**29%**
AHPP	**9%** (n=38)	**5%**
Support staff	**3%** (n=12)	**15%**
Infrastructure staff *	**6%** (n=24)	**28%**
Social Care	**4%** (n=17)	**3%**
Non-attributable	**8%** (n=35)	

Workforce configuration information has been sourced from Human Resources and was correct as at 15/03/2019.   * Infrastructure staff refer to admin & clerical; estates and ancillary.

4.3.3 These data show that that the highest proportion of complaint issues raised relate to medical and qualified nursing colleagues**.** This is consistent with our 2017-18 data and also with national NHS complaint data.

4.3.4 Nursing is the largest staff group in our Trust and has the highest number of contacts with service users and carers. This is especially the case within inpatient services and at times when people are cared for within legal frameworks. This combination of facts helps to account for this professional group featuring most frequently in complaint information. Our Complaints Manager regularly attends our Nursing Professional Advisory Committee (NPAC) to update nursing colleagues about themes, trends and learning to improve practice. The Service Experience Department connects with the Clinical Directors and has access to professional group meetings for exploration of any issues or themes that arise.

4.3.5 Further analysis of these thems is undertaken in Section 5 of this report focusing on the outcome of completed complaints.

5. ANALYSIS OF INVESTIGATED COMPLAINTS

5.0.1 A total of 63 complaints were closed during 2018-19[3]. The Service Experience Department record the outcome of each individual complaint issue using Datix. By combining the issue outcomes in each individual complaint an overarching complaint status is reached. Figure 8 shows the overarching status of the 63 complaints closed by the Trust in 2018-19. Partially upheld complaints account for 52% of total complaints closed this year.

Figure 8: Overall outcomes of individual complaints 2018-19

Outcome	%	Chart showing individual numbers
Not upheld *No element of the complaint was upheld*	44%	
Partially upheld *Some elements of the complaint were upheld*	44%	
Upheld *All elements of the complaint were upheld*	8%	
Withdrawn *Complaint withdrawn*	3%	
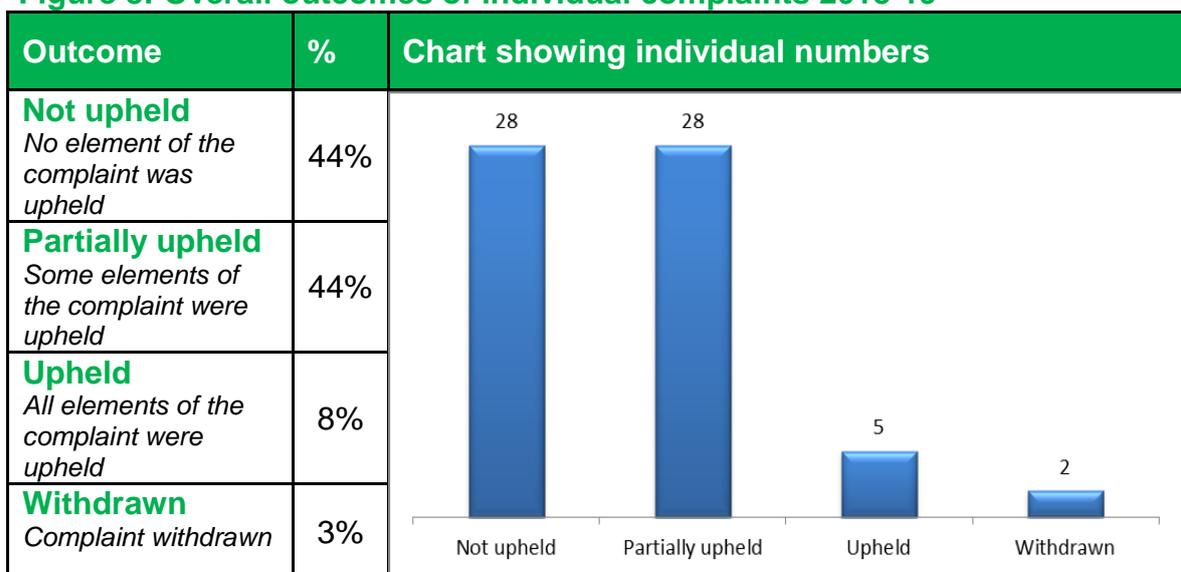
5.1 Overarching themes from investigated complaints

Figure 9: Theme analysis of closed complaint issues and outcomes

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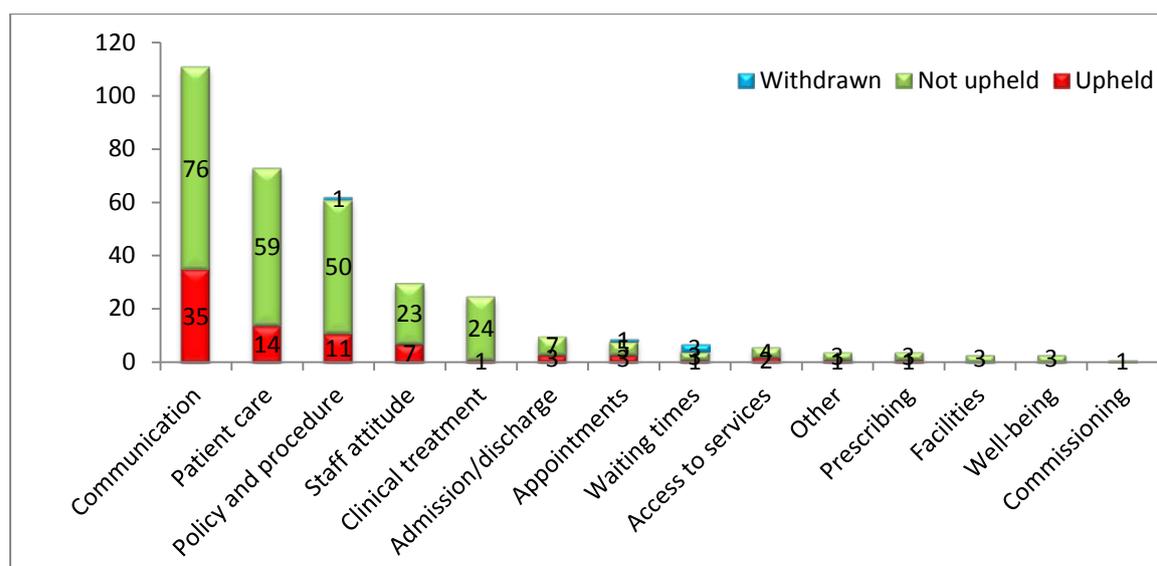
[3] NB – some remain open from 2017-18.

5.1.1 *Communication*, *Patient Care*, and *Policy and Procedure* are the main themes emerging from analysis of individual issues of complaint (Figure 9). These areas have been reviewed and explored in further detail below with an indication and assurance of further action for practice development.

Figure 9.1: Thematic analysis of complaint issue theme: Communication (upheld issues)

Analysis of this theme shows that the main areas of dissatisfaction were regarding communication with either service users or their relatives/carers. This is consistent with previous years and an area our Trust is working to improve.
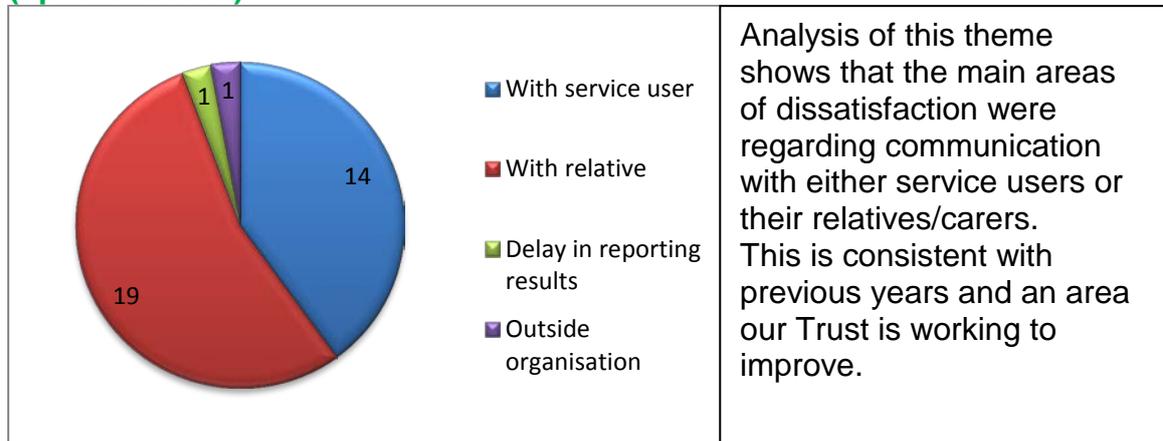
Figure 9.2: Thematic analysis of complaint issue theme: Patient Care (upheld issues)

Patient Care data analysis shows that the main area of dissatisfaction is inadequate support. This also ties in with the theme of communication as often people accessing our services do not have a clear understanding of the service that can be offered This led to people's expectations of our services being different to what was available/appropriate.
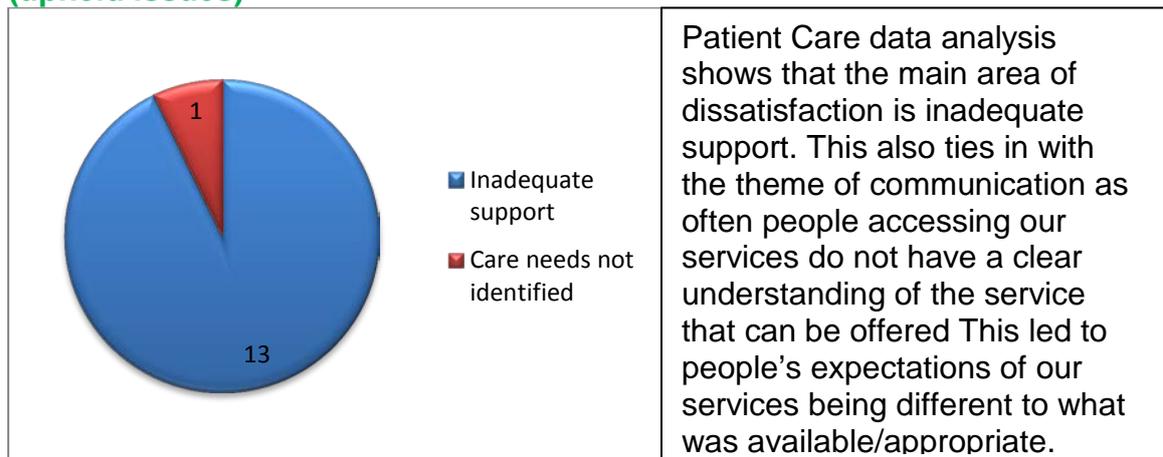
Figure 9.3: Thematic analysis of complaint issue theme: Policy and Procedure (upheld issues)

Policy and Procedure data analysis shows that the main area of dissatisfaction is regarding the accuracy of care records. This theme ties in closely with that of communication, and investigations have shown that people are requesting copies of their health records and identifying issues when reviewing the content.
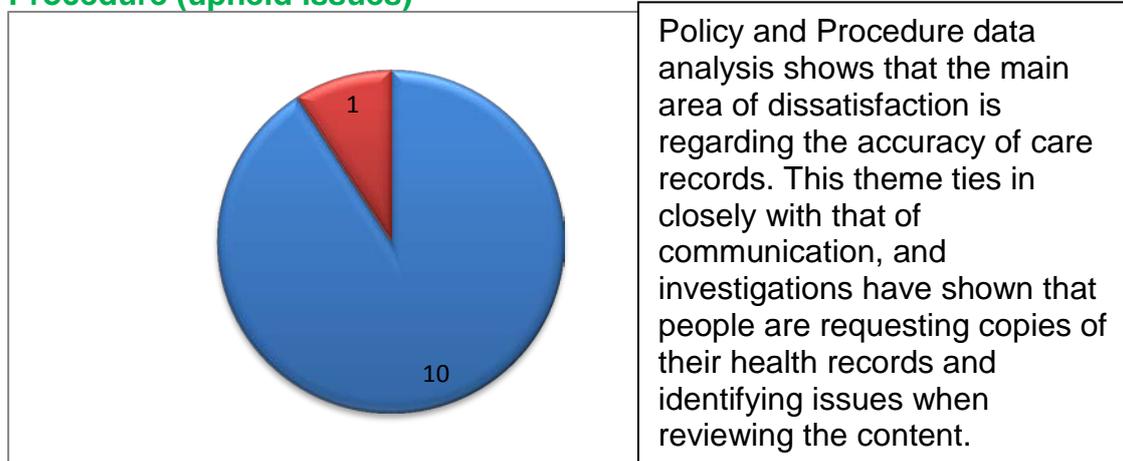
5.2 Outcomes from investigated complaints by service area

5.2.1 Figure 10 shows that the largest numbers of complaints upheld relate to our community services (both primary and secondary care teams), followed by complaints received about our Children and Young People and Child and Adolescent services. This is not an unexpected trend as these services have the highest number of contacts with service users and their families. Analysis shows that a similar distribution of complaints across services in relation to the number of clinical contacts.

Figure 10: Outcomes of closed complaints (n=63) by service area involved
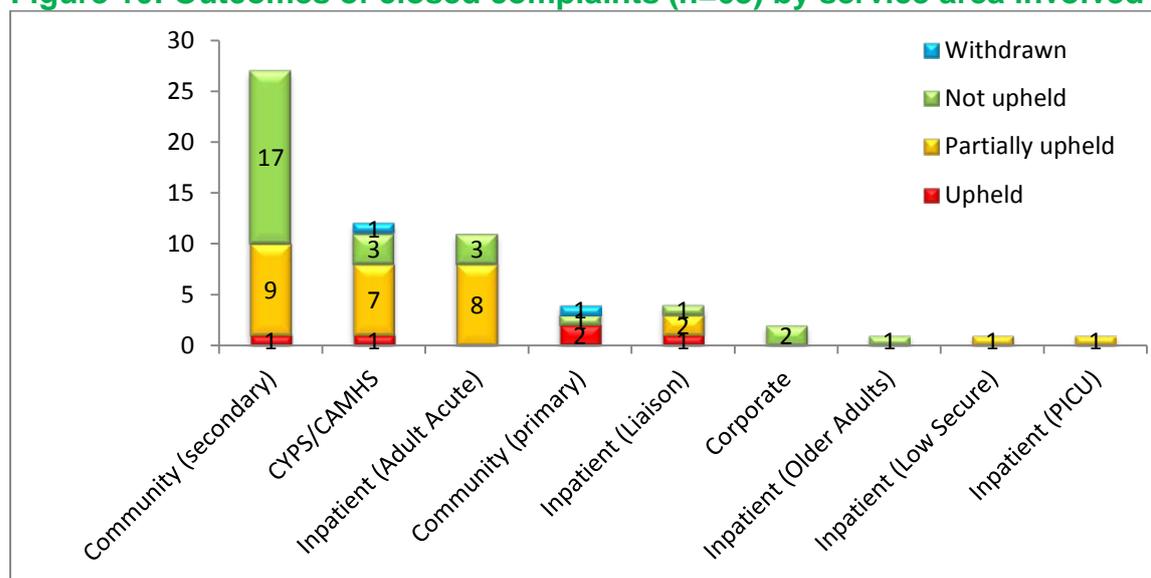
5.2.2 Figure 11 shows the themes from closed complaints relating to the three service areas with the highest distribution of complaints that were either upheld or partially upheld. This information is shared monthly with locality colleagues.

Figure 11: Analysis of complaint themes and outcomes from teams with highest distribution of complaints
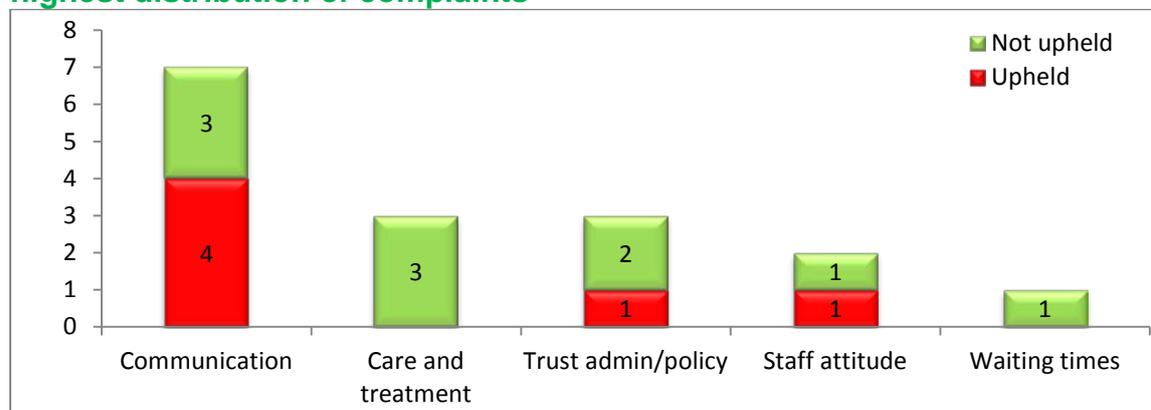
5.2.3 Communication with carers continues to be a consistent theme throughout 2018-19 (although this is from a small number of complaints). Actions

undertaken during 2018-19 by our Trust in response to this area have included work to embed Triangle of Care as 'business as usual' now that the formal project has drawn to a close. There was active recruitment of carers and carer representative organisations as members of the Stakeholder sub-committee in order to ensure that their views and experiences are heard. The Stakeholder sub-committee also hosted a dedicated session to co-design tools that will be specifically used to gather feedback from carers regarding their experiences with our services.

5.3   Outcome of complaint issue by staff group

Figure 12: Complaint themes by staff group and outcome
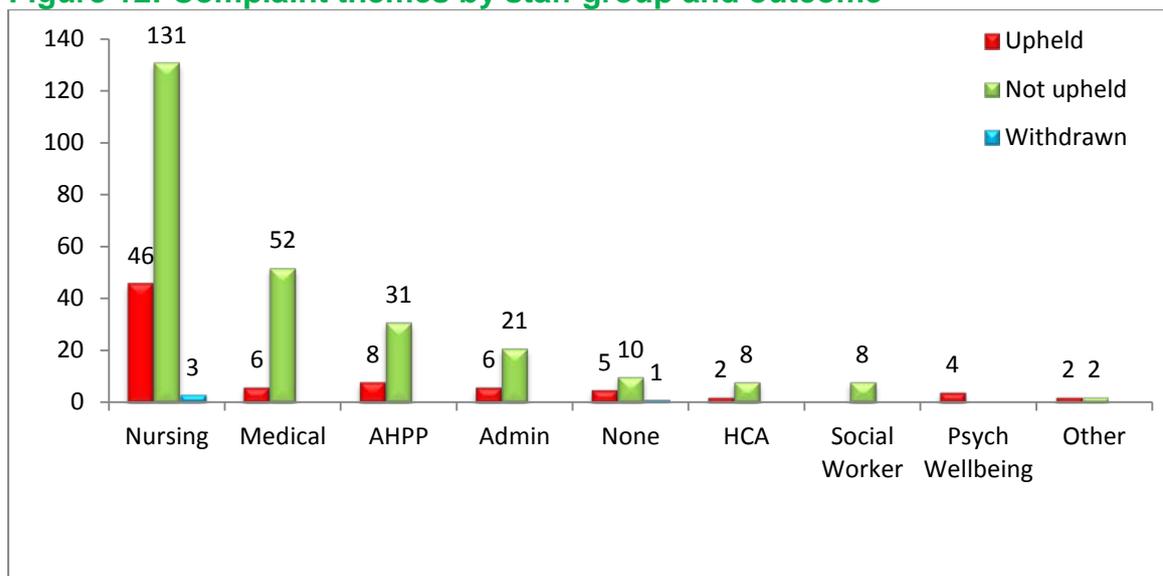
5.4   Analysis of themes arising from investigated complaints by staff group

Table 4: Analysis of main complaint themes in relation to professional groups (investigated complaints).

Nursing *46 upheld issues*	Medical *6 upheld issues*	Allied Health & Psychological Professionals (AHPP) *8 upheld issues*
23 upheld issues related to communication with service users and/or carers/relatives by nursing colleagues	**3** upheld issues related to aspects of medical treatment provided.	**4** upheld issues related the accuracy of health records
9 upheld issues related to aspects of nursing care provided.	**2** upheld issues related to health records and child protection	**3** upheld issues related to attitudes and communication with service users and/or carers/relatives by AHPP colleagues
5 upheld issues related to the accuracy of health records	**1** upheld issue related to the attitude of medical colleagues	**1** upheld issue related to appointment times

5.4.1 The main themes identified within each professional group remain reflective of our overall Trust themes and trends. Professional leads are kept sighted to the themes in order to help identify development needs.

5.5 Complaints closed within agreed timescales

5.5.1 The SED continue to carefully monitor response rates to ensure that best practice is adhered to. When delays are encountered the SED apologise and keep complainants informed of the progress in relation to the response to their complaint. Table 5 shows response rates to complaints during each quarter for 2018-19 and the explanation for any delays.

**Table 5: Percentage of complaints closed within agreed timescales 2018-19**

Quarter	% closed within agreed timescale	Comments
1	90%	This is higher than the previous quarter (Q4 2018-19=77%) and was due to delays in the investigation processes.
2	92%	This increased from Quarter 1. Two complaints were overdue due to delays in the CEO review process.
3	81%	Three letters of response were delayed due to staff availability and review of final response letters.
4	56%	Responses delayed during Quarter 4 were due to availability of clinical colleagues to undertake investigation combined with staffing difficulties within the SED. Work is underway to address this.

5.6 Level of organisational risk of complaints

5.6.1 Following the investigation of each complaint, a risk assessment is completed by a clinical member of the Service Experience Department. The categorisation of risk is based on the National Patient Safety Agency format which considers the likelihood of an issue recurring and the potential consequences if it did.

- **Negligible** – simple, non-complex issues
- **Minor** – several issues relating to a short period of care
- **Moderate** – multiple issues relating to longer period of care/involving other organisations
- **Major** – multiple issues relating to serious failures, causing serious harm

Figure 13: Complaint numbers by level of organisational risk 2018-19

| | This year's complaint risk ratings are consistent with those reported in previous years. The majority of complaints were assessed as being negligible or minor. The number of risks assessed as major was maintained in line with previous years at zero. |
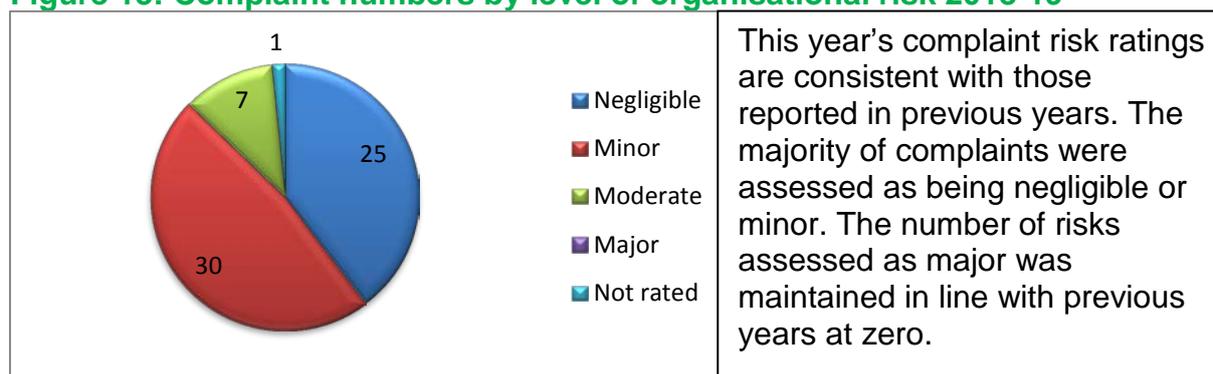
One complaint was not rated as it was withdrawn by the complainant
Data includes withdrawn complaints, so may differ from numbers of complaints investigated featured in this report.

6.   SATISFACTION WITH THE COMPLAINT RESOLUTION PROCESS

6.0.1   Resolving complaints to the satisfaction of people who complain remains the key focus for our Trust. Service users and carers who have raised concerns or complaints are routinely offered the opportunity to meet with clinical and service experience staff in order to attempt to achieve local resolution.

6.1   Reopened complaints and resolution meetings held in 2018-19

6.1.1   Eight complaints investigated during 2018-19 were reopened for further clarification or investigation. Following these actions being completed and liaison with the complainants to ensure satisfaction with our processes, the complaints were closed with no further actions were required by our Trust. This is an increase in the number of reopened complaints compared to 2017-18 however it is in line with the increased numbers of complaints received this year.

6.1.2   Six Local Resolution Meetings (LRM) were held during 2018-19 facilitated by the SED along with clinical and operational colleagues. This is a decrease from the nine held in 2017-18.

6.1.3   Three LRM related to complaints that were reported and investigated during 2017-18. Three LRM related to complaints investigated during 2018-19. Some complaints remain under investigation or have recently closed and so resolution meetings may still occur for those complaints closed during Quarter 4 of 2018-19.

6.2   Referrals to external agencies by complainants

6.2.1   People are encouraged to seek an independent review of their complaint if they are dissatisfied with the complaint process, outcome, or if they feel that their concern remains unresolved. Complainants are able to contact the Parliamentary Health Service Ombudsman (PHSO), Local Government Ombudsman (LGO) or Care Quality Commission (CQC), depending upon the issues contained within their complaint.

6.2.2   Table 6 summarises the complaints referred to external bodies by complainants this year. Outcome and learning in addition to assurance levels are provided regarding the Trust's compliance where available at this time.

Table 6: summary of complaints in contact with external bodies in 2018-19

Reviewing Organisation	Current status of referral	Outcome and learning	Assurance level
PHSO	Formal investigation	Ongoing	
PHSO	Formal investigation	Closed – no actions required by ²gether	Full
LGO	Formal investigation	Closed – no actions required by ²gether	Full
PHSO	Under review to consider whether formal investigation is required		
PHSO	Declined formal investigation		
PHSO	Formal investigation	Ongoing	
PHSO	Under review to consider whether formal investigation is required		
PHSO	Under review to consider whether formal investigation is required		
PHSO	Under review to consider whether formal investigation is required		
LGO	Formal investigation	Ongoing	
PHSO	Formal investigation	Closed – no actions required by ²gether	Full
PHSO	Formal investigation	Closed – no actions required by ²gether	Full

6.2.3   Table 6 shows that of those complaints considered and closed by external reviewing bodies **0** complaints have been upheld for our Trust this year. It is noted at this time that many reviews of complaints referred to external bodies remain ongoing.

6.3 Internal audit report 2018-19 - *Learning from Service Experience Feedback*

6.3.1 Audit overview

During Quarter 3 of 2018-19 an internal audit focusing on *Learning from Service Experience Feedback* was undertaken by PricewaterhouseCoopers (PwC), as part of our internal audit plan for 2018-19.

The audit specifically focussed on the quality and effectiveness of learning from complaints, concerns, and compliments within our Trust and reviewed our governance structure and policies, complaint investigation and learning processes, and whether learning is being effectively disseminated across the Trust.

As part of the audit, interviews were conducted with Trust managers, 10 complaint investigations were reviewed, and an online survey was circulated to staff across the Trust to capture their views of the complaints and compliments process and the dissemination of relevant learning.

6.3.2 Audit Findings

Findings from the *Learning from Service Experience Feedback audit* were shared with us in November 2018 and submitted to our Audit Committee for review and assurance of Trust processes. The overall risk rating was **LOW**.

The audit found that whilst our current systems allow for the timely investigation of complaints and capturing of learning points, the dissemination to lower level operational staff would benefit from improvement.

The audit findings noted 1 medium and 1 low recommendation outlined below:

> *1. Learning from complaints and compliments are not effectively disseminated in the localities (Medium)*
> *2. Time allocation for conducting investigations (Low)*

6.3.3 Looking forward, next steps

Following review of the audit findings a working group has been set up with our locality governance leads and our Service Experience department. The development and implementation of this action plan is ongoing.

7. LEARNING FROM COMPLAINTS

The Service Experience Department has continued to work in partnership with colleagues across the Trust to develop and implement systems to identify learning in order to improve our services and experience of services.

Monthly and quarterly reports detailing Service Experience activity, themes and learning for each locality are shared with service leads. SED also identify learning from complaints for inclusion in our Trust's ongoing system of aggregated learning. The scrutiny of the assurance provided around learning and positive change actions following complaints is undertaken with locality Governance Leads at the Quality and Clinical Risk sub-committee on a monthly basis.

Table 7 outlines examples of individual complaints and the actions taken in response. Examples and actions taken are linked to thematic complaint data (seen within Figure 9).

Table 7: Examples of LEARNING from complaints and ACTIONS taken during 2017-18

Example	You said – our LEARNING	We did – our ACTION
Communication and Support arrangements	*I do not feel supported by my Care Co-ordinator: my request for my support worker to manage my care plan was refused*	We apologised and explained why your care plan should be managed by a Care Co-ordinator and explained the role of Care Co-ordinators versus that of Support Workers.
Communication and Support arrangements	*I telephoned the team when I was distressed and was told they would call me back. I was not contacted by them until the following day.*	We apologised and a system is now in place to ensure that when a person is identified as distressed or needing a same day response the team are alerted to this for timely follow up.
Communication - written	*The report following my assessment was inadequate and lacked necessary detail. I also felt the assessment process was aimed at children rather than adults*	We offered an apology and clarified the assessment and report process. We also explained that we use a standard assessment process, and gave you information about this.
Communication	*I found out that I had been discharged from services when I received a Friends and Family Test survey via text message.*	We apologised for this and explained that the discharge process involves a discharge letter being sent to you and your GP. Adjustments have been made to the notification system for text messages to help prevent this happening again.
Support arrangements	*A number of my son's appointments have been cancelled by the team, leaving us with no support.*	We apologised and explained that to cover staff absence we had arranged for staff from other teams to provide support instead. We agreed to monitor appointments cancelled by our staff in the same way we monitor "Did Not Attend" rates.
Communication and Support arrangements	*My partner needed support and I was left with no option other than to pay for care – why?*	Our investigation found that an administration error meant that you had to pay for private care. We apologised, reimbursed the costs, and took steps to prevent this reoccurring in the future.
Communication - written	*Following my relative's assessment we did not receive a written report for nearly three months – why?*	We found that the assessment report was not sent within expected timeframes. We apologised and offered reassurance that actions were completed despite the report not being written up in a timely way.

8. AREAS FOR DEVELOPMENT

8.1 A number of practice development objectives are planned for the complaint resolution process in the coming year including to:

- Continue to develop and implement the action plan in response to the findings of the external audit of complaints undertaken by PwC.

- To continue to develop our PALS service to reach more of the people that we serve.

- To develop the recording and thematic analysis of compliments to allow themes and trends to indicate areas of good practice to share and replicate within our services.

- To develop a joint Complaint Policy relevant to both our Trust and colleagues from Gloucestershire Care Services (GCS) colleagues in preparation for the potential merger of the two organisations

- Take part in the review and implementation of any recommendations received from scrutiny of the complaint resolution process including the use of Quality Improvement expertise.

9. CONCLUSION

9.1 [2]gether NHS Foundation Trust is committed to learning from people's experiences of our services obtained through feedback from surveys, concerns, complaints, comments and compliments. In this way we will provide the best quality service experience and care in line with our Service Experience Strategy.

9.2 The Service Experience Department will continue to work with service users, carers, operational colleagues and the wider community to further develop robust systems for complaint handling and to ensure that learning from feedback is used to inform practice and service developments.