

COMMITTEE MEETING

Meeting details

Committee:	Quality Committee
Date of Meeting:	July 2022
Title of Paper:	Annual Complaints Report
Author:	Beverley Richardson – PALS and Complaints Manager
Executive Director:	Donna Hayward-Sussex – Chief Operating Officer

Purpose of Paper

Purpose:	Discussion and Sign Off as an Annual Report
Submission to Committee:	Regulatory Requirement

Overview of Paper

The paper sets out complaints and compliments data for the year 2021/22 with identified themes. This report covers the time period during which the world-wide Covid pandemic continued to impact on the organisation during which the PALS and Complaints team continued to provide a full service.

Issues to bring to the Committee's attention

Despite the pandemic a steady state in terms of the delivery of a Patient Advice and Liaison and Complaints services was maintained.

Key themes for improvement are identified as access and appropriate treatment along with staff attitude and poor communication. In addition, concerns from carers about their inclusion, or lack of inclusion along with the care provided to their relative.

The majority of PALS and complaints are raised by the patient directly although a significant proportion of contacts are raised by carers or family members.

There has been a positive reduction achieved in the number of re-opened complaints.

When taken as a percentage of the total care group caseload it is the Acute Care Group that has the highest percentage of overall complaints and conversely the group also receive a high number of compliments.

The Trust seeks to learn from all PALS and complaints and particularly for those that have been upheld or partially upheld. There is an expectation for learning to be identified with SMART actions agreed to embed the learning and disseminate across all service areas.

Embedding feedback and learning from complaints remains a key priority for this next year.

Governance

Implications/Impact:	There is a potential regulatory impact as the CQC considers complaints data ensuring triangulation with national patient and staff surveys, serious incident responses and organisational learning processes
Risk recorded on:	No risk currently relates to PALS and complaints per se
Risk IDs:	[list of Risk IDs only (no detail)]
Assurance/Oversight:	Oversight is provided by the Trust Wide Patient and Carer Experience Group and Quality Committee

ANNUAL COMPLAINTS REPORT

1 April 2021 to 31 March 2022

1. Introduction:

The Patient Advice and Liaison Service (PALS) and Complaints team operate as a single team and coordinates the management of complaints on behalf of the Trust. The team ensure compliance with the NHS and Local Authority complaints procedure, and a PALS service provides information, advice, signposting and support to resolve low level concerns promptly and efficiently. A complaints report is prepared for Quality Digest on a bi-monthly basis and received at Quality Committee. Performance on complaints and PALS handling is included in Integrated Quality and Performance Report (IQPR) for every public board meeting. Thematic reviews are conducted to monitor concerns, trajectories and to identify any trends and learning arising from the complaints process.

The Trust is dedicated to providing a fair, effective and accessible complaints system that is reasonable and proportionate, and endeavours to offer a person-centred approach to complaint handling, based on listening, consultation and agreement regarding the way forward.

The complaints team work in line with the standards set out by the Parliamentary and Health service Ombudsman (PHSO).

Contact details are made available on the website and throughout the Trust with posters and leaflets available in the reception areas of all Trusts sites. A large print, easy read version is also available. Complaints are accepted by various routes and whichever is most helpful to the complainant such as through letters, email, phone, face to face or via our website. Advice on advocacy is provided to all complainants who can access an advocate free of charge via Kent Advocacy should they require additional support in raising a complaint. Patients on the wards are visited in person by a team representative at their request to support the complaints process.

2. Progress against 2021/22 priorities

The information below outlines the 2021/22 priorities set for the service. Significant progress has been made to achieve these, with the majority completed or are a rolling priority to ensure continuous robust and effective complaint handling. Timeframes for both acknowledgement and responses to complaints have continued to improve and there is a robust escalation process in place for any matters at risk of breaching.

Priorities

- To continue the development of the PALS and Complaints action module in DatixWeb, migrating to Datix Cloud which will enable robust and centralised monitoring of SMART identified learning themes and action plans.
- To monitor timeframes and responsiveness to complaints, ensuring prompt escalation as appropriate and to continue to ensure responses to people who complain are open, conciliatory and all concerns have been fully addressed.
- To further reduce the number of complaints unresolved to the clients' satisfaction and of which are directed to PHSO for consideration.

- Develop a mechanism for sharing learning from complaints with wider Patient and Carer Consultative Forums
- To review Trust policy on managing persistent and vexatious contacts to both clinical and non-clinical staff to better support and empower staff to manage challenging behaviours.

3. **PALS and Complaints contacts:**

Between 1 April 2021 and 31 March 2022, the PALS and Complaints Team received 1418 contacts, 395 new reportable complaints, 33 re-opened complaints and 990 PALS concerns/enquiries as shown in table 1 and by Care Group in table 2

PALS type contacts have reduced slightly, however, the number of reportable complaints has increased on reported figures for the previous year and is consistent with rises in complaints nationally. There is also a noted rise in both the complexity of complaints and a culture shift in behaviour of complainants which is of concern and a has led to the aforementioned priority.

Non-statutory complaints are contacts received from members of the public or general concerns from other professional bodies or care providers and are not reportable to the Department of Health and Social Care.

There has been a rise in the number of CQC contacts in relation to complaints, although in a number of cases, this would be in relation to the same patient/carer. It is not uncommon for complainants to contact CQC at the same time as KMPT and the complaint has been responded to by the time we are contacted. In this case a copy of the response is provided for CQC records via our Compliance and Assurance Manager.

Table 1 – PALS & Complaints April 21 – March 22

PALS & Complaints (month/year)	Apr 2021	May 2021	Jun 2021	Jul 2021	Aug 2021	Sep 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	Total
Complaint	30	37	38	29	36	31	38	29	26	24	37	36	391
MP Complaint	0	0	1	0	2	0	0	0	0	1	0	0	4
Non statutory Complaint	1	2	1	0	0	1	2	3	1	1	1	1	14
Re-Opened Complaint	2	3	4	0	3	4	5	4	4	1	2	1	33
PALS - MP Enquiry	7	9	12	10	7	6	4	8	8	3	6	7	87
PALS Concern/Enquiry	97	63	91	79	54	60	74	95	47	71	69	89	889
Total	137	114	147	118	102	102	123	139	86	101	115	134	1418

Table 2 – PALS & Complaints by Care Group April 21 – March 22

PALS & Complaints (Care Group)	Acute Services	Community Recovery Services	Corporate Services	Forensic & Specialist (Forensic)	Forensic & Specialist (Specialist)	Older Adult Mental Health Services	Total
Complaint	81	272	2	13	7	16	391
MP Complaint	0	4	0	0	0	0	4
Non statutory Complaint	3	8	0	0	0	2	13
Re-Opened Complaint	6	22	0	2	1	2	33
PALS - MP Enquiry	9	67	0	0	2	4	82
PALS Concern/Enquiry	153	522	9	40	8	126	858
Total	252	895	11	55	18	150	1381

* Difference in overall PALS are cases not KMPT related or specific to a care group.

PALS and Complaints received during Covid-19 pandemic

Through careful planning of hybrid working the PALS & Complaints team worked both isolated in the office and from home to maintain the standard and quality of the service provided. Digital video contacts replaced face to face meetings, however, a full telephone service remained available. Patients on the wards were encouraged to telephone for support, however, exceptions were made where appropriate.

In relation to Covid, two complaints were made specifically relating to the impact of Covid and a small number of PALS contacts/enquiries primarily seeking information.

Some examples of Covid enquiries include:

- Patient unhappy they were asked to isolate awaiting results of Covid test.
- Concerns from family as to discharge arrangements for Covid positive patient.
- Enquiry as to why clothing provided for patient was re-washed on the ward.
- Patient concerned about maintaining safe distance of self and others on the ward due to Covid.
- Enquiry over contact arrangements during Covid from relatives wanting to visit the wards.
- Family member request to accompany patient to assessment in community base was declined.

A comparison from the previous year regarding activity is outlined in table 3. The information clearly shows an increase in the level of reportable complaints received by the Trust together with the number of non-statutory complaints (GP's, MP's and members of the public) received. There has been a focus on improved communication across the system with MPs and GPs including:

- Increased representation at the local medical committee meetings by senior Doctors in which a number of issues are discussed and resolved.
- Implementation of a direct email specifically for GP's to contact the community teams for specific patient/medication advice.

- An agreed process for prompt and efficient management of routine blood tests and ECG results.
- The Deputy Chief Operating Officer and PALS working directly with MP offices to resolve concerns as early as possible.

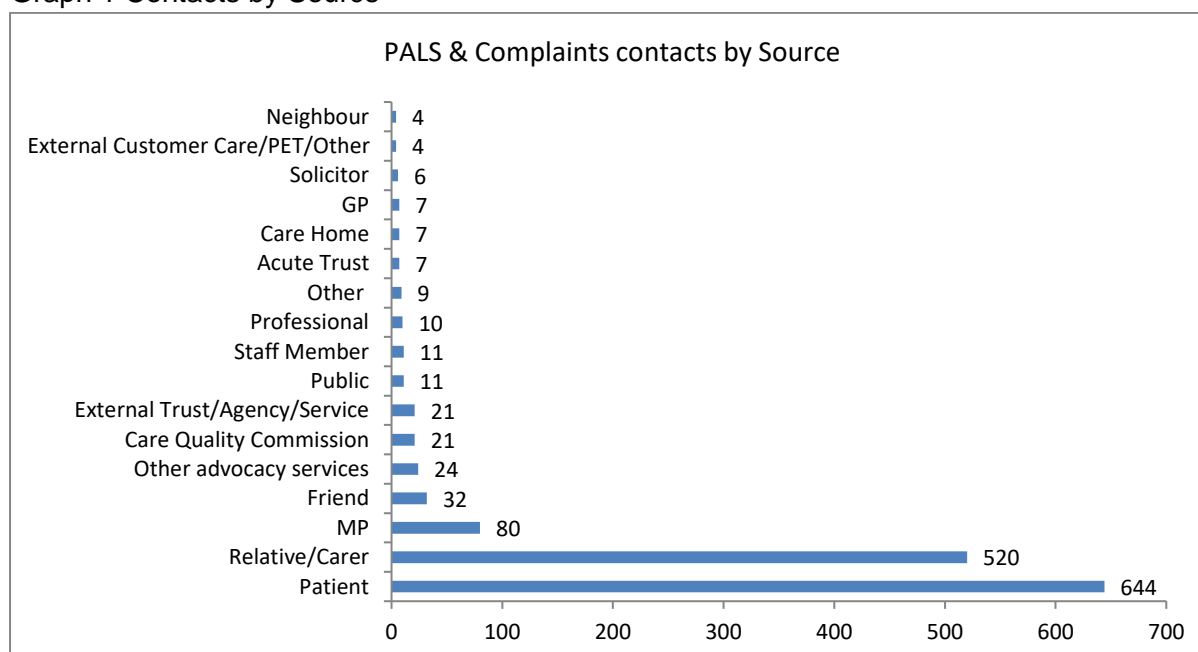
There has been a reduction in the number of re-opened complaints and dissatisfaction with the initial complaint outcome response. This is perceived to be due to improvements in response timeframes and quality of investigations, which has led to more successful resolutions and outcomes for the complainant. Importantly the Trust aims to be open, transparent and apologises when gaps in service and care are found during the process alongside highlighting action that will be taken to remedy.

Table 3 – PALS & Complaints Yearly Comparison

PALS & Complaints (yearly comparison)	2020/21	2021/22
Complaint	296	391
MP Complaint	7	4
Non statutory Complaint	8	14
Re-Opened Complaint	43	33
PALS - MP Enquiry	80	87
PALS Concern/Enquiry	1004	889
Total	1438	1418

The majority of PALS and complaints are raised by the patient directly although a significant number of contacts are from carers or family members. Whereby consent of patient cannot be obtained or is refused, a response will be provided, however, in general terms only to ensure we maintain confidentiality to the patient and non-disclosure of specific and detailed clinical information. The same process is adopted when responding to MPs.

Graph 1 Contacts by Source



4. Parliamentary and Health Service Ombudsman (PHSO) referrals

During the Covid 19 pandemic the PHSO suspended the investigation of NHS complaints to allow for NHS trusts to focus on patient care and which continued into late 2021. During this

period and following their return to investigations, 7 complaints were referred and 4 accepted for investigation. Some delays were experienced due to a backlog and two cases remain open and under investigation. The remaining two matters were not upheld and the PHSO were satisfied that KMPT's handling and response to the complainants was appropriate and followed due process. Currently PHSO are working on cases whereby 'severity of harm' has occurred and therefore complaints indicating no harm are rarely accepted for investigation by PHSO.

5. Themes and Trends

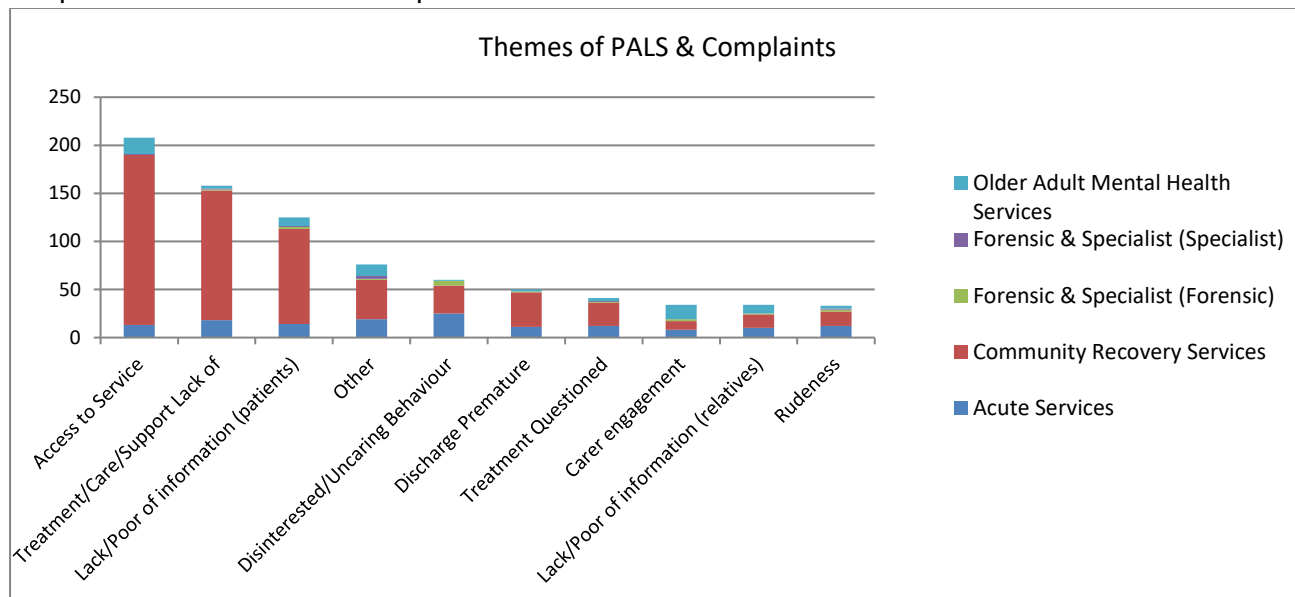
A breakdown of the top ten issues and the care groups against which they are raised are shown in the graph 2 below. Access to services is the main concern which relates referrals being declined, access and or waiting times for treatment/therapy. A significant amount of clinical work was carried out via telephone or video in this period, however, there were no concerns raised in this regard.

Lack of care and treatment and poor or lack of communication are other key areas of concern. In addition, concerns surrounding the discharge and in particular premature discharge from wards and community services remain within the top five themes. These are often in relation to patients reaching a period of stability whereby discharge or transfer to another service or GP is clinically appropriate but the person or their family do not agree. The process of following up with the patient at 3 and 7 days after discharge by the community teams is well established to provide support on discharge.

Cases recorded under 'Other' relate to matters such as DVLA enquiries, police matters, clarification on remit of services, estate related issues such as trees or parking or neighbour/public contacts raising concerns.

Staff attitude and behaviour is often reported with patients or carers reporting feeling unheard, dismissed or rushed during interactions with staff. These are often resolved in communications between service leads/managers, staff and the complainant, with any learning as appropriate taken forward in reflective practice sessions or supervision/training.

Graph 2 Themes of PALS Complaints



6. Timeframes

The tables below identify both acknowledgement and response timeframes. The response time for the month is shown alongside each title. Response timeframes were slightly extended in the height of the pandemic to allow investigators capacity to prioritise on delivering and meeting increased demands on clinical care, with many staff supporting other clinical settings. Complainants were understanding of this demand and no negative feedback or contact is known or recorded.

It should be noted that complex complaints or those linked with a serious incident are allocated to the centralised complaints and investigation team who have the dedicated time to focus on these investigations.

Table 4 – Response Times

Date	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Complaints acknowledged within 3 days (or agreed timeframe)	100%	98%	100%	100%	100%	100%	100%	100%	100%	99%	99%	98%
Complaints responded to within 25 days (or agreed timeframe)	100%	95%	98%	98%	98%	100%	96%	98%	100%	98%	98%	97%
PALS acknowledged within 3 days (or agreed timeframe)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	99%
PALS responded to within 25 days (or agreed timeframe)	100%	100%	99%	100%	100%	100%	100%	100%	99%	99%	98%	97%

7. Closed PALS and Complaints

1389 PALS and complaints contacts were closed between April 2021 and March 2022, the outcomes by care group are shown in the table 5 below. The remaining 82 cases were not linked to any particular care group, signposted or unrelated to KMPT services.

Complainants are invited to contact the team if they have any queries or concerns with the findings and further enquiries are made of the care group/investigator to reach a satisfactory outcome. In the event this is also unsuccessful, complainants are signposted to the PHSO to consider an independent review.

Table 5 – Outcome Closed Cases per Care Group

	Acute Services	Community Recovery Services	Corporate Services	Forensic & Specialist (Forensic)	Forensic & Specialist (Specialist)	Older Adult Mental Health Services	Total
Complaint not confirmed	8	31	0	1	2	6	48
No Consent - General Response Given	9	21	0	1	0	1	32
Deferred	0	1	0	0	0	0	1
Insufficient Evidence	3	2	0	1	1	1	8
No Action/Response Required	3	5	0	1	0	2	11
Not Upheld	43	130	0	6	4	6	189
Out of Time	1	4	0	0	0	0	5
PALS Concern/Enquiry Resolved	116	471	6	32	8	103	736
PALS not resolved	3	10	1	0	0	6	20
Partially Upheld	34	112	1	6	1	8	162
Referred onto other agency/service	1	19	2	1	0	4	27
Upheld	9	35	0	1	1	6	52
Withdrawn	4	8	0	2	0	2	16
Total	234	849	10	52	17	145	1307

8. Actions and learning

The Trust endeavours to learn from all complaints and PALS issues regardless of whether a complaint is upheld or not. SMART actions are agreed to embed the learning and disseminate across the care group(s) for improvements in care and delivery of services. Some examples of the learning and actions as a result of complaints are:

- Communication and supporting of carers.
 - Implementation of carers champions in all acute and community settings.
 - Continued embedding the Triangle of Care.
 - Carers workshops planned for Autumn 2022 which will seek to better understand the issues raised and support required by carers.
- Appointments system reviewed and realigned to ensure consistency of response across community sites, improving written communication and thus reducing the number of rescheduled appointments and cancellations.

- Clearer understanding of working with autistic people and/or Learning Disability
 - Specialist clinical lead whom provides support, assistance and training to staff and has been working on a number of projects including a referral and assessment pathway relating to individuals with a known diagnosis of Learning Disability and/or Autistic Spectrum Conditions.
- Improvements in communication with patients and carers in regard to discharge plans, working towards appropriate discharge and expectation of services.
- Improvements in communications with GP's and primary care colleagues for a smoother and more cohesive working relationship.
- Improvements in record keeping and accuracy of information held.

9. Next Steps and work plan for 22/23

The Trust is committed to providing a complaints service which is efficient, effective and provides the 'right' outcome. The team will continue to build on the work taken forward in 21/22 identifying and embedding learning from closed cases and involvement in new programmes of work including:

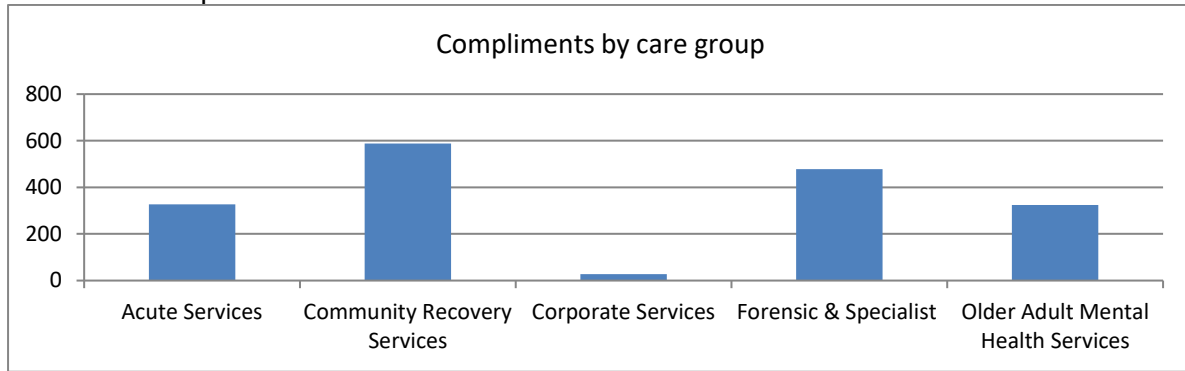
- Participation in Parliamentary and Health Service Ombudsman (PHSO) NHS complaint Standards pilot 2021-22 which will enable a self-assessment of our policy and approach to complaints and serve to highlight areas of the process which may require attention for improved service provision.
- Regular audits from an external auditor to assess our complaints process and policy and to ensure the learning from complaints and dissemination of this is robust. An audit in this period resulted in positive feedback for the service in our processes and support to complainants.
- To continue the Quality Improvement project with CMHT's to consider new and innovative ways to involve those with concerns in team response and development; this work is supported by the transformation team and will seek to understand the behaviour and relationship between the locality, staff and complaints, recognising the impact of complaints on both the complainants themselves and staff within the Trust. The concept is based in Restorative Justice approaches but will need tailored to the complaints process.
- Complaints and Investigation training for staff to support a better understanding of the complaints process and those undertaking investigations of reportable complaints.
- Continued support at meet the manager sessions which have proved successful in addressing service enquiries and resolving low level concerns.

10. Compliments

Reporting positive feedback and good practice is equally as important as reporting PALS and complaints. As a Trust we encourage our teams to upload any compliments they receive and in this period 1,747 compliments were reported across the Trust and for all care groups and as shown in the graph (4) below. Community services recorded the most positive feedback with 588 followed by Forensic and Specialist with 478, Acute 327, Older Adult 324 and Corporate 27.

Themes of compliments are also captured and as expected, the top three reported themes of are staff compassion, professionalism and teamwork.

Table 6 – Compliments



11. **Conclusion**

During the reporting period continued challenges were experienced due to the pandemic with the PALS and complaints team remaining both resilient and delivering a high-quality service.

The themes remain consistent and there continue to be changes and improvements made clinically to enhance the quality of the care we provide and ensure patients receive the best care and treatment from the most appropriate service. This may not always be secondary mental health services but primary care, voluntary sector or a specialist service such as those requiring support for autism or treatments/therapies that KMPT are not commissioned to provide.

Timeframes remain excellent with open and transparent responses, providing explanations, reassurance and honest apologies should the care or service have fallen below expectation. Learning from complaints remains a key focus every year along with embedding the learning across the organisation.

The PALS and complaints team are proud to be part of KMPT and we look forward to developing further strategies for improvement in the coming year.