

COMMITTEE MEETING

Meeting details

Committee:	Quality Committee
Date of Meeting:	20 th July 2021
Title of Paper:	Annual Complaints Report
Author:	Beverley Richardson – PALs and Complaints Manager
Executive Director:	Jacquie Mowbray-Gould – 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 2020/21 with identified themes. This report covers the time period during which the world-wide Covid pandemic significantly impacted 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 Covid the paper sets out an overall steady state in terms of the delivery of a Patient Advice and Liaison and Complaints services

Key themes for improvement are lack of access and appropriate treatment; staff attitude and poor communication and concerns from carers about their inclusion, or lack of, in the care provided to their relative

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

Positively there is a reduction in the number of re-opened complaints due to dissatisfaction with the initial complaint outcome response. 17% of cases were re-opened in 2019-20 in comparison to 13% for 2020-21

When taken overall it is the Acute Care Group that has the highest percentage of overall complaints and conversely 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. SMART actions are agreed to embed the learning and disseminate across the care group(s) for improvements in care and delivery of services.

Embedding feedback and learning from complaints both at a strategic and a team level 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 2020 to 31 March 2021

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. Quarterly 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.

This report covers the time period during which the world-wide Covid pandemic significantly impacted on the organisation

2. Progress against 2020/21 priorities

Below are the 2020/21 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.
- To reduce impact on clinical staff, who historically completed complaints investigations, with the development of a centralised Serious Incident and Complaints investigation team

- 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

3. PALS and Complaints contacts:

Between 1 April 2020 and 31 March 2021, the PALS and Complaints Team received 1440 contacts, 307 new reportable complaints and 1085 PALS concerns/enquiries as shown in table 1 and by Care Group in table 2. The number of reportable complaints has decreased on reported figures for the previous year and may be contributable to culture shift and endeavours of all staff to resolve concerns as they arise; however, it is also noted the Covid pandemic may have impacted. There was a small increase in the number of PALS type contacts which are addressed and managed promptly and effectively by the PALS and Complaints team

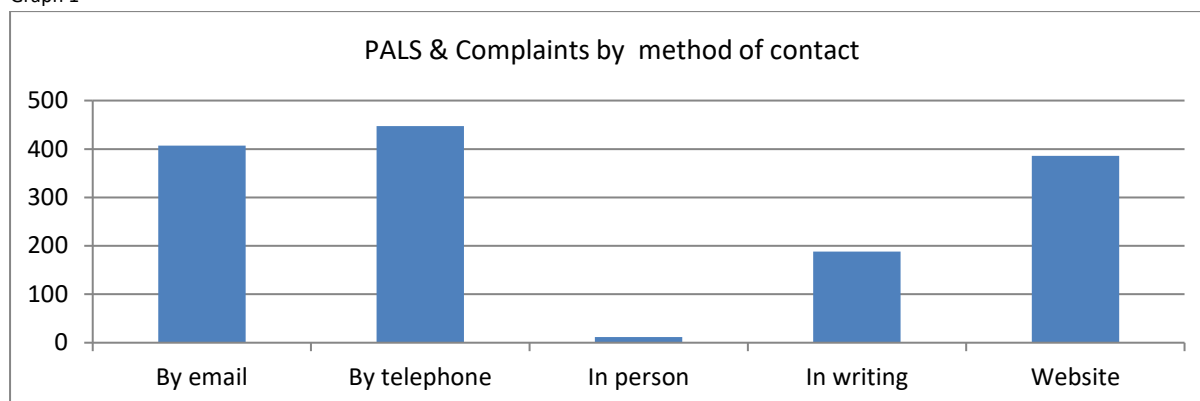
Non-statutory complaints are contacts received from members of the public or general concerns from other professional bodies or care providers and are not reportable to the Department of Health and Social Care. Graph 1 shows the method used to contact the Trust, the majority of which are still by telephone and email, although contacts made via the external 'contact us' page on the website increased to 386 which is a 39% rise on the previous year.

Nine complaints were received via CQC and responded to in line with process. It may be worthy to note that three of these were in relation to the same patient. 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 1/4/20 – 31/3/21	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Total
Complaint	16	14	27	31	30	35	27	22	19	29	25	25	300
MP Complaint	0	0	1	1	1	2	0	0	0	0	1	1	7
Non-Stat Complaint	1	0	0	1	1	0	1	0	0	0	3	1	8
Re-Opened Complaint	6	0	2	6	3	2	4	6	2	3	4	2	40
PALS - MP Enquiry	1	4	3	7	2	11	7	14	4	11	8	8	80
PALS Concern/Enquiry	67	62	73	97	79	112	101	85	55	81	85	108	1005
Total	91	80	106	143	116	162	140	127	80	124	126	145	1440

Graph 1



It is interesting to note the use of the Trust website as a means to escalate concerns and complaints is as high as use of email and not far behind telephony. On discussion with complainants there was some surprise the team were in the office however use of the website is in keeping with national trends and may be an area we develop

Table 2

PALS & Complaints by care group 20/21	Acute Services	Community Recovery Services	Corporate Services	Forensic & Specialist (Forensic)	Forensic & Specialist (Specialist)	Older Adult Mental Health Services	Total
Complaint	87	172	8	14	6	13	300
MP Complaint	1	6	0	0	0	0	7
Non-statutory Complaint	0	6	1	0	0	1	8
Re-Opened Complaint	11	26	1	0	0	2	40
PALS - MP Enquiry	3	65	0	1	1	5	75
PALS Concern/Enquiry	170	602	24	52	24	88	906
Total	272	877	34	67	31	109	1390

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

It is important to note that whilst the Community Recovery Services have the highest level of complaints activity it is the care group with the highest proportion of caseload activity of people with serious mental illness across the four care groups. In terms of overall percentage see Item 6: page 6

4. PALS and Complaints received during Covid-19 pandemic.

Following the Covid pandemic and restrictions beginning on the 23 March 2020 with a national lockdown, the PALS and Complaint services operated as near to normal as possible to ensure they remained available. Therefore, with careful planning to ensure safety to people using services,

complainants and staff, all face to face appointments were ceased, however, a full telephone service and digital video offer has been operational throughout with staff attending offices in line with the Covid restrictions for safe work places.

In relation to Covid only two complaints have been 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 admitted to ward for ECT which was unable to be delivered due to Covid
- Paramedic contact regarding risk over full PPE.
- Enquiry over contact arrangements during Covid from relatives wanting to visit the wards
- Request for medication and community visit to be at alternative address due to patient residing with family
- Query regarding home treatment arrangements of mentally unwell people who may have Covid and wanted to be seen at home

The below table (3) illustrates the number of PALS contacts and complaints received by the Trust in comparison to the previous year. It has been identified that there was a decline 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. Some of the work includes

- 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 Chief Operating Officer and PALS working directly with MP offices to resolve concerns as early as possible

There has also been a reduction in the number of re-opened complaints due to dissatisfaction with the initial complaint outcome response. 17% of cases were re-opened in 2019-20 in comparison to 13% for 2020-21. This is perceived to be due to both improvements in response timeframes together with a review of our complaint investigation process, auditing of concluded cases and training for investigators, 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

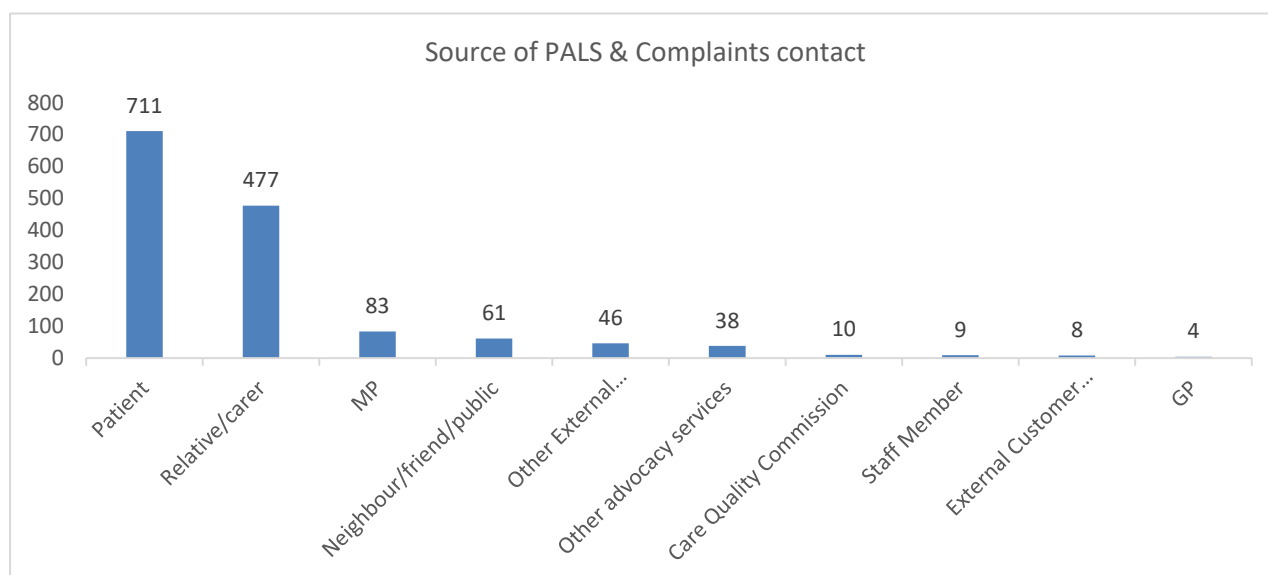
In terms of PALS concerns and enquiries there has been an increase, this is perceived positively as it indicates PALS is able to offer the right advice, resolution and guidance first time which subjectively could be one reason for reduced overall complaints; this is conjecture and the next year will provide more data to test assumptions

Table 3

PALS & Complaints (yearly comparison)	2019/20	2020/21
Complaint	383	300
MP Complaint	4	7
Non-statutory Complaint	35	8
Re-Opened Complaint	64	40
PALS - MP Enquiry	76	80
PALS Concern/Enquiry	866	1005
Total	1428	1440

As shown in Graph 2 below, the majority of PALS and complaints are still raised by the patient directly, although a significant proportion of contacts are raised by carers or family members. Whereby consent of patient cannot be obtained or is refused, a response will be provided, giving as much information as is possible whilst maintaining confidentiality to the patient and non-disclosure of specific and detailed clinical information.

Graph 2



5. Parliamentary and Health Service Ombudsman (PHSO) referrals

During the early part of the Covid 19 pandemic the PHSO suspended the investigation of NHS complaints to allow for NHS trusts to focus on patient care. There were 2 open investigations with them at this time which have now been concluded, one was partially upheld in regards to communication over a discharged referral. The recommendation was for a further apology to be made to the patient and which was actioned and accepted. The other case was not upheld. During their period of 'paused' investigations 7 cases were referred for investigation, 3 of which were declined and 4 cases accepted by the PHSO for investigation. The PHSO are now working on these investigations and there are currently 3 cases which remain open pending investigation. There has been 1 case concluded and was not upheld. When a case is not upheld that is positive as it concludes the Trust has followed due process and the investigation thorough

6. Comparison of complaints against contacts and bed days

1st April 20 - 31st March 21

Care Group	Contacts	Complaints	Complaints as a percentage of contacts
Acute Service	48,657	87	0.17%
Community Recovery Service	248,916	178	0.07%
Forensic and Specialist	52,046	20	0.03%
Older Adult	96,496	13	0.01%
Total	446,115	298	

Care Group	Distinct Patient Contacts (case load)	Complaints	Complaints as a percentage of contacts
Acute Service	4,056	87	2.14%
Community Recovery Service	27,896	178	0.63%
Forensic and Specialist	14,423	20	0.13%
Older Adult	15,946	13	0.08%
Total	62,321	298	0.47%

Care Group	Bed days	Complaints (in patient only)	Complaints as a percentage of bed days
Acute Service	57,246	70	0.12%
Forensic and Specialist	44,419	12	0.02%
Older Adult	25,219	9	0.03%
TOTAL	126,884	91	0.07%

When taken overall it is the Acute Care Group that has the highest percentage of overall complaints which is not surprising as this cohort of people are often subject to use of the Mental Health Act, not in agreement to treatment options such as admission and can be very distressed generally. Covid has exacerbated issues such as smoking options, reduced leave options and reduced ability for relatives to visit

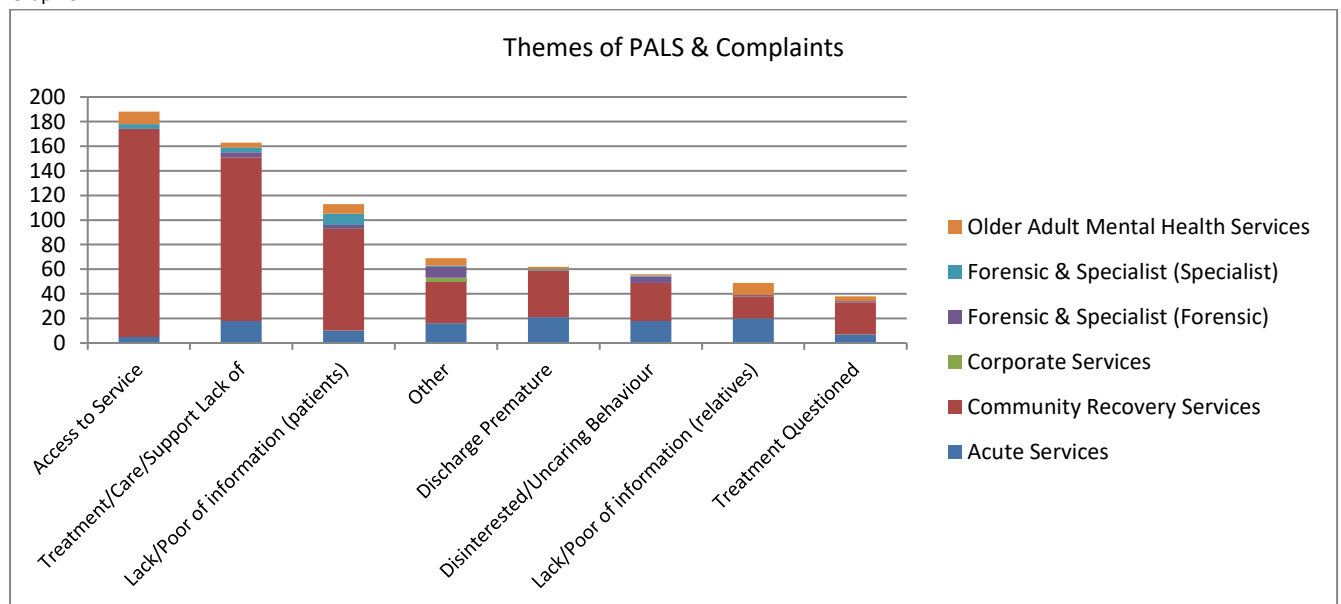
7. Themes and Trends

A breakdown of the top eight issues and the care groups against which they are raised are shown in the graph (3) below. Access to services is the main concern which relates to concerns such as declined referrals by teams, unable to access a particular service or waiting times for treatment/therapy. It could, in this last year be a by-product of Covid, where much of the clinical work has been done via telephone or video.

Where a person is reviewed as being able to have their needs met by their GP the teams do try to work collaboratively with primary care colleagues however there is continued work to be done to improve transfers back to GPs. In this year TIAA are auditing the rationale for non-acceptance into services to highlight any gaps or learning.

Lack of care and treatment and poor/lack of communication are the other key areas of concern. Concerns surrounding discharge and in particular premature discharge from our wards and community services remain within the top five themes and 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. Further assurance and support are often provided to assist the people in understanding the rationale for keeping admissions to as short a time frame as is clinically required but it can be difficult for people who do always feel they are 100% ready to go back home into their community. Follow up at 3 and 7 days by the community teams is well embedded to provide support on discharge. In community services staff should be working proactively with the person and their family to ensure once discharged they have the ongoing support they need in their local community.

Graph 3



8. Timeframes

The tables below identify both acknowledgement and response timeframes Trust wide and per month. The average response time for the year is shown alongside each title. During the early stages of the pandemic, response timeframes were slightly extended 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. Timeframes for responding to concerns and complaints are impressive and through robust monitoring and escalating there has been a further improvement on this from last year. Complex complaints or those with a linked serious incident are allocated to the centralised complaints and investigation team who have the dedicated time

to focus on these investigations. This has also served to improve the response timeframes of more complex matters.

Type and response rate %	04/20	05/20	06/20	07/20	08/20	09/20	10/20	11/20	12/20	01/21	02/21	03/21
PALS acknowledged within 3 days (or agreed timeframe) 100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
PALS responded to within agreed timeframe 99%	100%	100%	100%	98%	99%	98%	100%	100%	100%	100%	99%	100%
Complaints acknowledged within 3 days (or agreed timeframe) 100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Complaints responded to within agreed timeframe) 99%	100%	98%	100%	100%	98%	99%	100%	99%	100%	99%	100%	100%

9. Closed PALS and Complaints

Of the 1400 contacts received the outcomes are shown in the tables (4 and 5) below and split between reportable complaints and PALS type concerns. The tables also show the Care group for which the cases related to. A number of contacts were low level concerns or enquiries and which are managed under the PALS system due to the nature of the contact or as specified by the patient or person raising the contact. 6% of reportable complaints were upheld, 36% partially upheld and 50% not upheld.

89% of PALS contacts were satisfactorily resolved with 2% of the concerns raised uphold or partially upheld. The remaining cases were signposted, withdrawn or no action was required.

Table 4

Reportable Complaints	Acute Services	Community Recovery Services	Corporate Services	Forensic & Specialist (Forensic)	Forensic & Specialist (Specialist)	Older Adult Mental Health Services	Total
No Consent - General Response	3	6	0	0	0	0	9
Deferred	0	1	0	0	0	0	1
Insufficient Evidence	0	4	0	0	1	0	5
No Response Required	0	2	1	0	0	1	4
Not Upheld	47	101	6	12	2	6	174
Partially Upheld	32	77	2	2	3	7	123
Referred onto other agency/service	1	1	0	0	0	0	2
Upheld	3	16	0	0	0	1	20
Withdrawn	3	4	0	0	0	0	7
Total	89	212	9	14	6	15	345

Table 5

PALS CONCERN	Acute Services	Community Recovery Services	Corporate Services	Forensic & Specialist (Forensic)	Forensic & Specialist (Specialist)	Older Adult Mental Health Services	Total
Insufficient Evidence	0	1	1	0	0	0	2
No Action/Response Required	3	14	0	2	0	3	22
Not Upheld	2	26	0	2	1	3	34
PALS Concern/ Enquiry Resolved	162	569	18	46	24	72	891
Partially Upheld	0	10	0	0	0	1	11
Referred onto other agency/service	5	12	5	2	1	5	30
Upheld	0	10	0	0	0	1	11
Withdrawn	1	6	0	1	0	0	8
Total	173	648	24	53	26	85	1009

The remaining 46 cases were PALS concerns not linked to any particular care group.

Regardless of whether a complaint is upheld or not the Trust aims to learn from all complaints and PALS issues. It has helped inform how we respond clinically during Covid, improved our relationships with MPs and GPs and themes are taken up across the organisation into programmes such as the Quality Account priority for Care Planning. The request for TIAA (Internal Auditors) to audit the high volume of referrals back to GPs has also come from complaints about inability to access the right care and treatment. It is a continuous learning process

10. Actions and learning

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. 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 setting
 - Continued embedding of Triangle of Care
 - Carers workshops planned for Autumn 2021 (delayed due to Covid) which will seek to better understand the issues raised and support required by carers.
- Improvements in regards to care planning and involvement of people in their own care planning; this dovetails with the Quality Committee priority on care planning
- 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
 - KMPT has a 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.

Next Steps and work plan for 21/22

The Trust is committed to providing a complaints service which is efficient, effective and provides a 'just' outcome. The team will continue to build on the work taken forward in 20/21 bringing in learning from the Covid pandemic alongside delivery of some 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.
- A Quality Improvement project with Medway CMHT to consider new and innovative ways to involve people complaining 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.
- Specific training for medical staff, similar to that provided in this year, to highlight and raise awareness of common themes arising from complaints. The complaints team were highly commended for this awareness raising programme to medical staff in year who found the sessions extremely helpful

11. Compliments

Any report on complaints needs to be balanced against the more positive aspect of compliments; as a Trust we encourage our teams to upload any compliments they receive. In year 1307 compliments were received highlighting the care, compassion, good practice and support demonstrated by staff and services. 33% of these compliments were for forensic and Specialist services, 25% for Acute services, 23% for Older Adults, 17% for community services and 2% for corporate.

From Autumn 2020 the Trust have been capturing themes of compliments and these are shown below (graph 5). As would be expected, the top three reported themes of are staff compassion, professionalism and teamwork.

KMPT are proud of all its staff and more so due in recognition of the impact of the last year when many staff have gone over and above to provide excellent care or support teams to provide that care

12. Conclusion

It has been a difficult year for the whole country and with the impact of Covid requiring much of the care in KMPT to be provided virtually it is a real positive to see complaints and PALs have remained generally steady. The themes about lack of access and lack of the appropriate treatment will always require a response and through some of the national work being done to transform mental health provision the future for people needing to access mental health care at the right time and in the right place is a more likely outcome. Embedding feedback and learning from complaints both at a strategic and a team level remains a key priority for this next year.

In terms of the actual complaints team, it is a small service that manages to ensure most people get a quick and thoughtful response. In this year of the pandemic the team have worked in very tough conditions and they are on the front line for talking to some of the most unhappy and dissatisfied people. They deal with all enquiries in a caring, professional manner regardless of the response from those contacting the team and are to be commended for the incredible work they have done in these last 12 months

Report completed by:
Beverley Richardson – PALs and Complaints Manager

Conclusion Completed by:
Jacquie Mowbray-Gould – Chief Operating Officer