

NELFT Annual Complaints Report - 1 April 2016/31 March 2017

Introduction

The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 requires that all Trusts provide an annual report on the handling of complaints. This report provides detail of the required inclusions and is published on the Trust website.

Overview of 2016/17

- In 2016/17 the Trust received 316 complaints which is a 16% increase of complaints received in 2015/16. The chart below provides a breakdown received by each Integrated Care Directorate; Basildon & Brentwood ICD has seen a significant increase of 70% in complaints received. A different of 10% for formal complaints is not considered significant when reporting national complaint figures. However, it is worth noting that with the acquisition of Essex EWMHS services, this is an expected variation.

In the same period the Trust made 2,593,207 (by telephone or face to face) contacts this equates to .012% of the contacts that result in a complaint being received. This remains the same as previous years and demonstrates that the majority of patients and service users are satisfied with the service the Trust provides.

ICD	Complaints received 2014/15	Complaints received 2015/16	Complaints received 2016/17
Acute & Rehab	27	55	60
Basildon & Brentwood (Including EWMHS) ICD	25	16	53
Barking & Dagenham ICD	30	45	43
Havering ICD	52	39	36
Redbridge ICD	36	43	40
Thurrock ICD	20	11	28
Waltham Forest ICD	55	54	50
Corporate (Estates)	2	9	6
Total	247	272	316

In November 2015 NELFT was commissioned to provide Children's Emotional Wellbeing Mental Health Services in Essex and since the Trust has received 34 formal complaints, which contributed to the 70% increase in complaints for Basildon and Brentwood ICD. 44% of these relate to concerns about either clinical care or delay in patient care. In April 2016 the Trust made the decision to incorporate inpatients units into one directorate, has resulted in variance seen within Havering and the Acute and Rehabilitation Directorate.

Monitoring

Under the NHS Complaint regulations the Trust is required to acknowledge complaints within 3 working days of receipt. Of the 316 complaints 1 was acknowledge over the 3 working days timeframe, this is the same as last year. The Trust has continued to show improvement in responding to complaints within the timescale agreed with the complainant. The table below shows the Trust's year on year improvement.

	2014/15	2015/16	2016/17
Complaints Responded to in agreement timeframe	53%	65%	84%

The Investigating Officer keeps the complainant fully informed on the investigation; while the Trust has undertaken work to improve achieving the agreed timeframe, it recognises there is still more work that needs to be done.

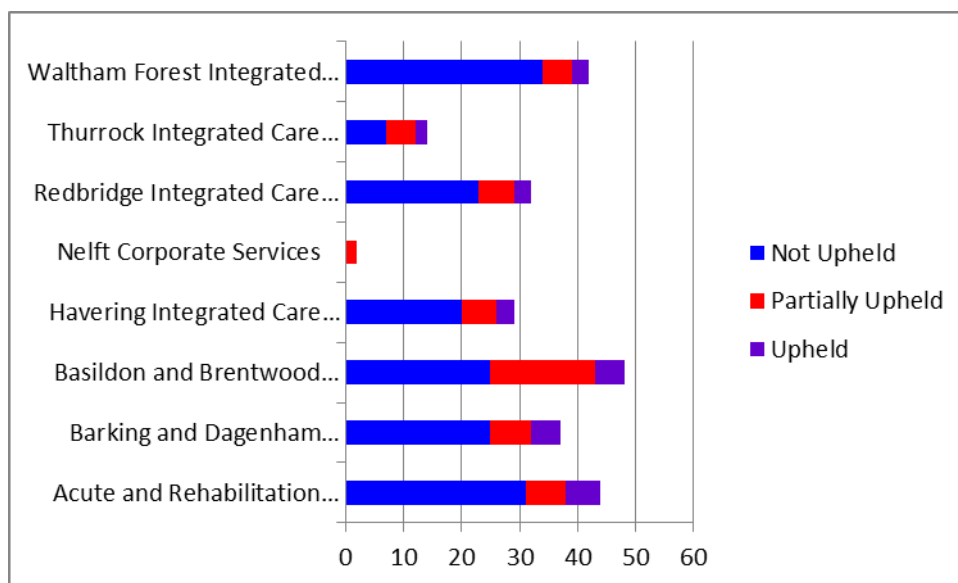
21 Complaints were open longer than 90 days; this is an improvement on 2015/16 total of 49 complaints. Below is a chart that identifies complaints open longer than 90 days by Integrated Care Directorate. Since the review in management for the Acute & Rehab Directorate the management of complaints including complaints open for longer than 90 days has significantly improved. At the time of writing this report Acute & Rehab have no complaints open longer than 90 days.

ICD	No. of Complaints Older than 90 Days
Acute & Rehab Directorate	9
Basildon & Brentwood (Inc EWMHS) ICD	3
Barking & Dagenham ICD	0
Corporate	0
Havering ICD	3
Redbridge ICD	4
Thurrock ICD	0
Waltham Forest ICD	2
Total	21

The top 3 themes are related to clinical treatment, attitude of staff and communication as shown in the table below. The Trust has reported an increase of 44% in concerns raised about all aspects of clinical care. These correlate with the increase in concerns received within Basildon & Brentwood ICD about the care and delay in care within EWMHS. Essex EWMHS has undertaken work to improve this by recruiting to a number of vacant posts. It is also acknowledged that this service covers all of Essex and these figures are in line with the numbers reportable to London CAMHS services.

	Admissions, discharge and transfer arrangements	Aids and appliances, equipment, premises (including access)	Appointments, delay/cancellation (In patient/Out patient)	Attitude of staff	All aspects of clinical treatment	Communication/Information to patients (written and oral)	Consent to treatment	Facilities Services	Failure to follow agreed procedure	Patients privacy, dignity, property and expenses	Policy and commercial decision of the trust	Length of waiting time	Other	Total
Acute and Rehabilitation Integrated Care Directorate	0	0	1	11	33	1	0	0	0	1	0	0	2	49
Barking and Dagenham Integrated Care Directorate	1	1	1	5	27	5	1	0	0	1	2	0	0	44
Basildon and Brentwood Integrated Care Directorate inc EWMHS	1	0	6	6	33	11	0	0	0	0	3	1	2	63
Havering Integrated Care Directorate	0	1	0	2	27	4	1	0	0	2	1	0	1	39
Mental Health and Inpatient Acute Care Directorate	0	0	0	0	9	0	0	0	0	0	0	0	0	9
Nelft Corporate Services	0	0	0	0	0	0	0	2	0	0	1	0	0	3
Redbridge Integrated Care Directorate	2	0	4	1	26	4	0	0	0	0	2	1	0	40
Thurrock Integrated Care Directorate	1	1	1	4	11	0	0	0	0	0	0	0	0	18
Waltham Forest Integrated Care Directorate	2	0	2	4	26	13	0	0	1	0	0	1	2	51
Total	7	3	15	33	192	38	2	2	1	4	9	3	7	316

Following the completion of the complaint investigation, the complaints are classified by NHS Digital as either fully upheld, upheld in part or not upheld. The chart below shows if the complaint was either upheld, partially upheld, not upheld or were either withdrawn by the complainant or closed because consent was not received from the patient to share their information with the complainant. The Trust has upheld or partially upheld 26% of complaints, this is a 25% decreased on last year's percentage of 51%. All learning from complaints are shared with services and included in the Head of SI's and Complaints Learning Lessons report and shared through team meetings and wider through the Trust as part of its Learning Lessons strategy.



The Trust monitors complaints that have been open longer than 90 days. There are a number of reasons why a complaint may be opened for longer than 90 days, these include the complaint being put on hold as the patient is unwell or has personal reasons for not being able to peruse the complaint. The Trust always tries to accommodate complainant's needs when investigating and responding to their complaints. Some complaints are quite complex and in some cases delays relate to being unable to speak with staff involved due to staff not being directly employed by NELFT, or on leave or ill-health. The Complaints Officer provides advice and support to the Integrated Care Directorates.

The Trust also had 6 complaints that were reopened 2016/17 which is less than 2% of complaints received. This is an increase on 2015/16 2 reopened complaints. This remains the same as previous years and demonstrates that our complainants felt that their concerns were addressed to their satisfaction.

Learning from Complaints

The Trust values the opportunity that each complaint brings to learn and improve and recognises the importance of sharing the learning from complaints across the organisation for the benefit of patients and service users.

Since January 2015, the Trust has published learning from complaints on its website; this is a requirement following the Francis Report. The reports can be found at <http://www.nelft.nhs.uk/patients-carers-visitors-learning-from-complaints>

Complaints and the Parliamentary and Health Service Ombudsman (PHSO)

If the complainant is dissatisfied with the way their complaint has been managed by the Trust and local resolution of their complaint is not achievable, they can take their complaint to the PHSO and request for them to review their complaint.

In 2016/17 the number of appeals referred to the PHSO was 3 compared to 9 in 2016/17. There is no identified pattern to complaints referred to the PHSO. The 3 complaints referred to the PHSO represent less than 1% of the complaints investigated by the Trust. At the time of writing this report, the PHSO investigation identified that the Trust was compliant with its Policy for the management and investigation of complaints. The PHSO publishes case summaries on their website which are regularly reviewed by the Complaints Manager.

Informal Comments, Concerns and Compliments

Since the Trust's implementation of the web-based system to provide operational services with a central recording of concerns and compliments, there continues to be an improvement in recording in these enquiries. In 2015/16 the Trust reported 245 of these enquiries had been recorded on Datix. In 2016/17 there has been an increase in the reporting of informal enquiries to 382. This is expected to improve year-on-year as staff become familiar with the process for recording informal comments, concerns and compliments. It is the intention of the trust to review informal complaints for learning purposes

In April 2017 the trust commissioned an internal audit of the informal complaints process and at the time of writing this report, the audit is still being undertaken.

The Trust has recorded by services in 2016/17, 2938 compliments. The Quality & Patient Safety Department has provided templates for operational services to display their compliments within their services. The Complaints Manager continues to encourage services through meetings and training to log both informal enquiries and compliments.

Feedback on Complaints Handling.

The Head of SI and Complaints and the Complaints Manager implemented a 5x5 feedback process for the central complaints team. The feedback questions are based on the Local Government Ombudsman, HealthWatch and Parliamentary & Health Services Ombudsman's joint report "My Expectations for raising concerns and complaints" Report November 2014. The data is very limited due to the number of people

who wish to take part, from the information provided there appears to be gaps in understanding in relation to the aim of the feedback; the Complaints Manager will work with the team to ensure that the reason for the questions is clearly explained.

Progress since last report

The Complaints Manager has developed and implemented e-learning for complaints. This is available to all staff to access. The aim of this is to improve how staff handles feedback from our patients, service users, carers and their family, to ensure that their feedback is valued to improve the services we deliver.

The Trust has made improvement on the achievement in providing complainants with a response to their complaint within the agreed timeframe; however, this remains a priority for the complaints manager.

The recording of informal concerns and compliments continues to improve; however, the Complaints Manager will work with operational services to target services that show as low reports. The Trust commissioned an audit into the management of informal enquiries and following the audit any recommendations will be implemented.

Recording of contacts made by members of the public with the complaints team are regularly reviewed with by the complaints manager and feedback is provided to the team through supervision to ensure the team maintain good customer care standards

Future Work for 2017/18

The Complaints Manager and Head of SI and Complaints in liaison with the Training & Development are developing specific training package for senior managers who undertake investigations. Part of this work will also be to provide complaint letter writing training to the Investigating Officers to support in improving the quality of the complaint responses.

The Complaint Team aims to work with teams to aspire that 90% of complainants receive a response to their complaints within the agreed timeframe.

Work will continue to target improvement on the timeliness of acknowledging complaints and responses, ensuring that complaints monitored through local operational leaderships and governance.

Any recommendations received from the recent BDO audit on the handling of informal concerns will be implemented.

The complaints manager will ensure that Parliamentary Health Services Ombudsman's recommendations and feedback is incorporated into management of complaints. This will include best practice from case summaries are incorporated into the delivery of quality investigations.

The Trust has improved in the delivery of Action Plans through ICD senior leadership, however, the Head of SI and Complaints is working to improve the learning across the Trust through sharing through the Community of Practices.

Conclusion

Overall, the Trust has improved in the way it handles and deals with issues raised by patients, service users, families and carers. Work will continue to improve the timeliness, quality of responses and services and embed learning from complaints.

The Trust has significantly improved its recording of both informal concerns and compliments and this work will continue to be supported in 2017/2018.