

## NELFT Annual Complaints Report - 1 April 2017/31 March 2018

### 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 will be published on the Trust website.

### Overview of 2017/18

- In 2017/18 the Trust received 469 complaints which is a 33% increase of complaints received in 2016/17. The chart below provides a breakdown received by each Integrated Care Directorate. Basildon & Brentwood ICD has seen a significant increase of 62% in complaints received. However, it is worth noting that with the acquisition of Kent Children's and Adolescent Mental Health Services, this was an expected variation.

In September 2017 NELFT was commissioned to provide Children's and Adolescent Mental Health Services in Kent and since this service acquisition the Trust has received 63 formal complaints, which contributed to the 62% increase in complaints for Basildon and Brentwood ICD. 48% of these relate to concerns about clinical care.

In the same period the Trust made 2,468,278 (by telephone or face to face) contacts this equates to 0.019% 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	Complaints received 2017/18
Acute & Rehab	27	55	60	70
Basildon & Brentwood (Including Kent & EWMHS) ICD	25	16	53	140
Barking & Dagenham ICD	30	45	43	41
Havering ICD	52	39	36	56
Redbridge ICD	36	43	40	64
Thurrock ICD	20	11	28	32
Waltham Forest ICD	55	54	50	60
Corporate	2	9	6	6
Total	247	272	316	469

### Monitoring

Under the NHS Complaint regulations the Trust is required to acknowledge complaints within 3 working days of receipt. Of the 469 complaints 1 was acknowledge over the 3 working days timeframe, this is the same as previous years. 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	2017/18
Complaints Responded to within agreed timeframe	53%	65%	84%	91%

The investigating officer keeps the complainant fully informed on the investigation; while the Trust has undertaken work to improve achieving the agreed timeframe, the complaints team continue to monitor and support investigating officers to ensure that the Trust meets the agreed deadline.

9 Complaints were open longer than 90 days; this is an improvement on 2016/17 total of 21 complaints. Below is a table that shows year on year improvement for complaints open longer than 90 days by Integrated Care Directorate. Acute & Rehab Directorate continues to substantially improve their handling of complaints including those open longer than 90 days.

ICD	90 Day Complaints 2016/17	90 Day Complaints 2017/18
Acute & Rehab Directorate	9	2
Basildon & Brentwood (Inc EWMHS) ICD	3	0
Barking & Dagenham ICD	0	1
Corporate	0	0
Havering ICD	3	3
Redbridge ICD	4	1
Thurrock ICD	0	0
Waltham Forest ICD	2	2
<b>Total</b>	<b>21</b>	<b>9</b>

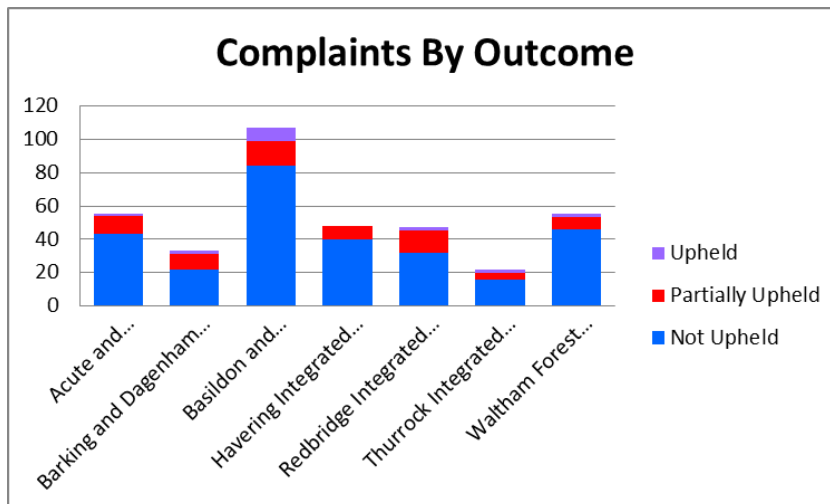
The Trust monitors complaints that have been open longer than 90 days. There are a number of reasons why a complaint may be opened for longer than 90 days, these include the complaint being put on hold as the patient is unwell or has personal reasons for not being able to peruse the complaint. The Trust 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. This is supported by the complaints team escalating any complaints that may potentially likely to breach a 90 day timeframe and providing the Integrated Care Directorates with advice and guidance on best practice.

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 75% in concerns raised about all aspects of clinical care. These correlate with the increase in concerns received within Basildon & Brentwood ICD about the care within Kent Children's & Adolescent Mental Health Services. Kent Services are in the process of restructuring its services. It is also acknowledged that this service covers all of Kent and these figures are in line with the numbers previous report by the Kent Services provider.

	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	9	0	0	10	40	6	1	0	0	4	0	0	0	70
Barking and Dagenham Integrated Care Directorate	0	2	3	8	19	6	0	0	1	0	0	2	0	41
Basildon and Brentwood Integrated Care Directorate inc EWMHS	3	0	27	9	81	9	0	1	2	1	2	5	0	140
Havering Integrated Care Directorate	3	4	6	8	27	3	0	0	3	0	0	2	0	56
Nelft Corporate Services	0	0	0	3	0	3	0	0	0	0	0	0	0	6
Redbridge Integrated Care Directorate	1	1	2	8	36	11	0	0	0	1	0	2	2	64
Thurrock Integrated Care Directorate	1	2	4	3	18	2	0	0	1	1	0	0	0	32
Waltham Forest Integrated Care Directorate	3	0	5	8	35	5	0	0	2	0	0	2	0	60
<b>Total</b>	<b>20</b>	<b>9</b>	<b>47</b>	<b>57</b>	<b>256</b>	<b>45</b>	<b>1</b>	<b>1</b>	<b>9</b>	<b>7</b>	<b>2</b>	<b>13</b>	<b>2</b>	<b>469</b>

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 30% of complaints that have been closed; this is a 5% increase on last year's percentage of 25%. 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. Upheld complaints are published on the Trust's website in line with requirements.



The Trust also had 16 complaints that were reopened 2016/17 which is 3% of complaints received. This is an increase on 2015/16 6 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 2017/18 the number of appeals referred to the PHSO were 3 the same 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. The Complaints Manager is actively engaging with the PHSO during open meetings to improve the quality of Trust Investigation and Responses.

### Informal Comments, Concerns and Compliments

In April 2017 the trust commissioned an internal audit of the informal complaints process and at the time of writing this report, the audit rated the Trust's management of informal complaints and moderate and made recommendations to improve the recording of informal concerns onto Datix. The Action Plan has been implemented and the Complaints Manager is working with ICDs to ensure that services continue to improve the number of informal concerns recorded onto Datix.

The Trust has recorded by services 3499 compliments for 2017/18. The Complaints Manager continues to encourage services through meetings and training to log both informal enquiries and compliments.

### **Feedback on Complaints Handling.**

The 5x5 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. However, the majority of the feedback was positive.

### **Progress since last report**

The Complaints Manager has developed and been providing training for investigating officers to support the robust and high quality investigations.

The Trust has achieved the reduction of complaints open longer than 90 day and 91% of complaints have received responses by the agreed timeframe.

The recording of informal concerns and compliments continues to improve; however, the Complaints Manager has completed the action plan following the audit into the management of informal enquiries.

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 will seeking support from the Complaint Managers Forum to see if other similar organisations would jointly work in benchmarking in numbers and learning from complaints.

The Complaint Team aims to work with teams to aspire that 95% 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.

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

The Complaints Manager will work with the complaints officers in supporting the investigating officers to improve the quality of investigation and responses.

### **Conclusion**

The Trust has continued to improve the way it handles and deals with concerns raised by patients, service users, families and carers. Although the Trust has improved in meeting agreed timescales with complainants, the Trust will continue to improve the timeliness, quality of responses and services and imbed 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 2018/2019.