

BOARD OF DIRECTORS MEETING

REPORT

Subject:	Complaints Annual Report 2014/15
Date:	28 April 2015
Author:	Amber Woolner, Complaints Officer
Lead Director:	Melanie Coombes, Director of Nursing and Quality

Executive Summary:

- **Overview of complaints management within the Trust**
 There have been changes to the staffing within the Complaints Department. The Directorate Heads of Nursing now lead on complaints management within their clinical Directorates.
- **Details of the formal complaints activity across from Trust**
 The number of complaint received has slightly increased by 2 compared to 2013/14 (n=159). The response time for complaints is above the 25 working days. Since the management change within the Directorates this has been improving gradually but with some challenges still evident in some Directorates across the Trust.
- **Learning and actions taken as a result of formal complaint investigations**
 Learning has been identified and shared, as a result of complaints investigation to ensure wider organisational learning
- **Contact with the Parliamentary Health Service Ombudsman**
 There has been an increase in the number of contacts from the Ombudsman in comparison to last year (4 compared to 1 in 2013/2014). This could be attributable to the change in the Ombudsman's management of cases.
- **Complaints Department's key priorities for 2015/16**
 Implementation of the Datix Web Module for complaints and improving the response times for complaints.

Recommendations:

- Members of the QSG committee are requested to discuss and comment on the content of this annual report.
- The Committee is requested to endorse the proposal for the Trust Complaints Policy to be changed to 30 working days to align with the Clinical Commissioning Group Quality Schedule.

Relevant Strategic Priorities (please mark in bold)	
A local provider of patient and carer centred integrated community, mental health and social care	Our mission is to put people in control of their care. We will maximise opportunities for individuals and their families by enabling them to look beyond their limitations to achieve their goals and aspirations, 'To offer people the best help to do the best for themselves'.
One of the UK's premier providers of key specialist mental health services	
An organisation whose services are enabled by world leading research and education	
Links to BAF/Corporate Risk Register	N/A
Details of additional risks associated with this paper (<i>may include CQC Essential standards, NHSLA, NHS Constitution</i>)	Complaints management will be a core element of the CQC new Inspection regime and will contribute to their judgement on the Key Lines of Enquiry
Financial implications/impact	N/A
Legal implications/impact	N/A
Partnership working and public engagement implications/impact	N/A
Committees/groups where this item has been presented before	Quality, Safety and Governance
Has a QIA been completed? If yes provide brief details	N/A

Complaints Annual Report 1 April 2014 to 31 March 2015

1. Purpose

This annual report provides an overview of formal complaints management and complaints activity within the Trust between 1 April 2014 and 31 March 2015. It highlights the key developments implemented in 2014/15 and sets out the key priorities for 2015/16.

2. Background

From 1 April 2009, the Local Authority, Social Services and NHS Complaints (England) Regulations 2009 have shared a single approach to dealing with complaints. The Regulations give organisations the flexibility they need to deal with complaints effectively. It also encourages a culture that seeks and then uses people's experiences to make services more effective, personal and safe.

CPFT are committed to ensuring that formal complaints are used as an opportunity to learn and improve the services provided to patients, relatives and carers.

The underlying principles of CPFT's complaints system are:

- To get it right the first time
- To be customer focused
- To be open and accountable
- To act fairly and proportionately
- To apologise and to make amends
- To seek continuous improvement

It is CPFT's aim to ensure that patients, relatives and carers are not treated adversely as a result of making a formal complaint. The Trust and its staff encourage feedback of all kinds and welcomes the opportunity to identify changes to develop services.

Under the NHS Complaints Regulations, people have the right to make a complaint and have their complaint fully investigated and dealt with efficiently and effectively.

3. Complaints management within CPFT

There are a number of Trust roles with overall responsibility for the management of complaints in the Trust, with oversight and assurance provided through the quality and safety governance structures, up to Board. The process is outlined below:

CPFT Chief Executive is the 'Responsible Person' under the NHS Complaints Regulations 2009 and signs each written response or delegates the responsibility to a nominated individual in their absence.

CPFT's Director of Nursing and Quality has been designated by the Trust Board to take responsibility for the Trust's complaints, and ensuring CPFT complies with the NHS Complaints Regulations 2009.

The Complaints Department comprises of the Patient Safety and Complaints Lead, who has responsibility for the Complaints Department, the Complaints Officer, who operationally manages the Complaints Department, and a Complaints Administrator, who provides administrative support to the department. The team have welcomed a new Patient Safety and Complaints Lead and Complaints Officer in 2014.

The Complaints Department manage the complaints procedure, liaise with complainants and Investigating Managers, and produce various reports for internal and external colleagues. The Complaints Department act as an interface between CPFT and the Parliamentary Health Service Ombudsman (the Ombudsman) and other organisations.

All complaints are reviewed by the Complaints Officer to determine whether there are safeguarding issues or whether the concerns meet the criteria for further clinical investigation or escalation as a serious incident in line with the Trust's policy.

The Clinical Governance and Patient Safety meeting receives a thematic review on complaints which provides information about complaints management, learning and themes. The Complaints Department provides monthly data on complaints within the Integrated Board Report to the Quality, Safety and Governance Committee and Trust Board.

The Complaints Department works closely with the Directorate Heads of Nursing who have responsibility for complaints and provide a weekly overview of the Directorate's open complaints. This was commenced after 1 November 2014 when the Trust Divisions were restructured and became Directorates. Prior to this complaint management was dealt with by the General Managers.

4. Priorities implemented and improvements made in 2014/15

On Monday 31 March 2014, the Complaints Department separated from the Patient Advice and Liaison Service and was merged with the Patient Safety Team. This service change followed recommendations made in the Francis report and the Clwyd-Hart report. The Patient Advice and Liaison Service continues to be managed by the Head of Patient Experience.

The Complaints service has in the past year become embedded into the Patient Safety and Complaints team. The team work closely together when dealing with complaints that have been escalated to Serious Incidents. The Complaints Department continue to work collaboratively with the Patient Advice and Liaison Service to ensure complaints and concern are dealt with through the correct route.

Work has commenced to monitor complaint action plans. There is on-going work across the Trust to improve the completion of actions and the collection of evidence to support their implementation. An action plan database has been developed to assist in monitoring the action plan completion.

The Complaints Department has changed the database used for the recording of complaints from a spreadsheet to utilising the Complaints module on the Datix Risk Management system. The utilisation of Datix allows the Complaints Department to create complaints reports and pull data with ease. The system also allows the team to monitor the progress of complaints.

The Complaints Department are now responsible for dealing with letters from Members of Parliament. A procedure has been agreed and implemented between the Chief Executive's Officer, Complaints Department and PALS. The Complaints Department review the letters in conjunction with the PALS team to determine the best route to address the letter. This change is in line with the Trust's Complaints Policy and Procedure.

The management of Healthcare Professional Feedback (HPF) is now within the remit of the Complaints Department. HPF is complaints or concerns raised by other

organisations regarding care or treatment provided by CPFT. HPF is now managed in the same way as formal complaints and is registered and monitored through the Complaints module on Datix.

During 2014/15 the complaints investigation pack was reviewed and streamlined. The pack includes five sections: details of complainant and patient, investigation, complaint response, risk grading and action plan. In reducing the number of sections for completion, reducing any duplication and re-organising the pack to follow the investigation process, those completing the pack have found it easier to complete. There is evidence of significant improvement in the full completion of the pack since its implementation in December 2014.

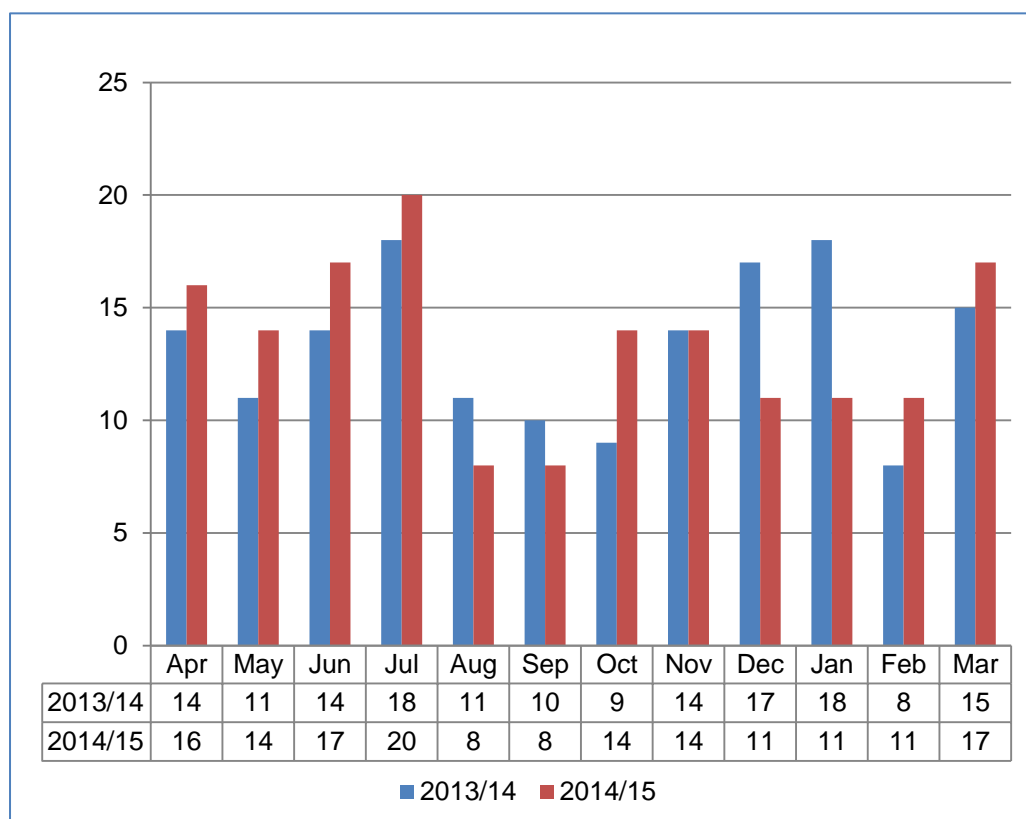
The Clinical Commissioning Group (CCG) undertook a 'Themed Review for the Management of Concerns and Formal Complaints' on Monday, 23 March 2015. The aim was to review the process and procedures within each organisation, to identify areas of best practice and those which may require improvement. CPFT are awaiting the CCG's report.

5. Complaints Activity

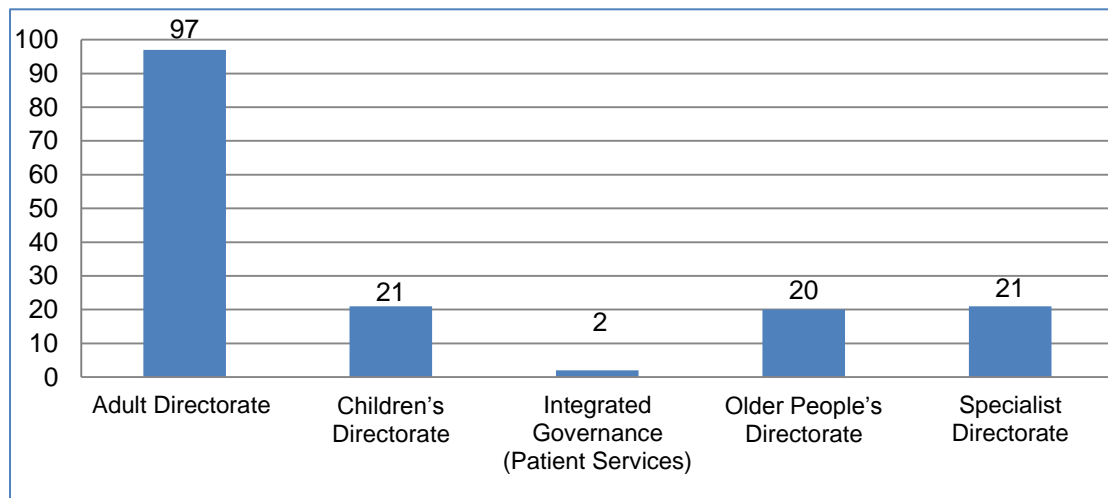
5.1. Number of Complaints Received

The Trust received 161 formal complaints between 1 April 2014 and 31 March 2015. This compares to 159 for the same period in 2013/14.

This graph shows the number of formal complaints received in 2014/15 by month compared to 2013/14:



The graph below shows the number of formal complaints received by Directorates in 2014/15:



Social Care complaints

CPFT have an integrated service with Cambridgeshire County Council and Peterborough City Council. This means the Trust has social care teams dedicated to looking after service users under CPFT's care. The Trust are required to report to each council the number of complaints received about social care. In 2014/15 the Trust received 11 complaints that had elements involving social care (Peterborough – 2 and Cambridge – 9).

The Complaints Department started recording the number of complaints with social care elements in February 2015. Work is being undertaken to improve the quality of the social care complaints data. The Complaints Department are now reviewing each letter to determine if the complaint has social care elements, and is liaising with the Heads of Social Care to confirm this. Datix has been updated with a section for social care which enables the Complaints Department to collect the data.

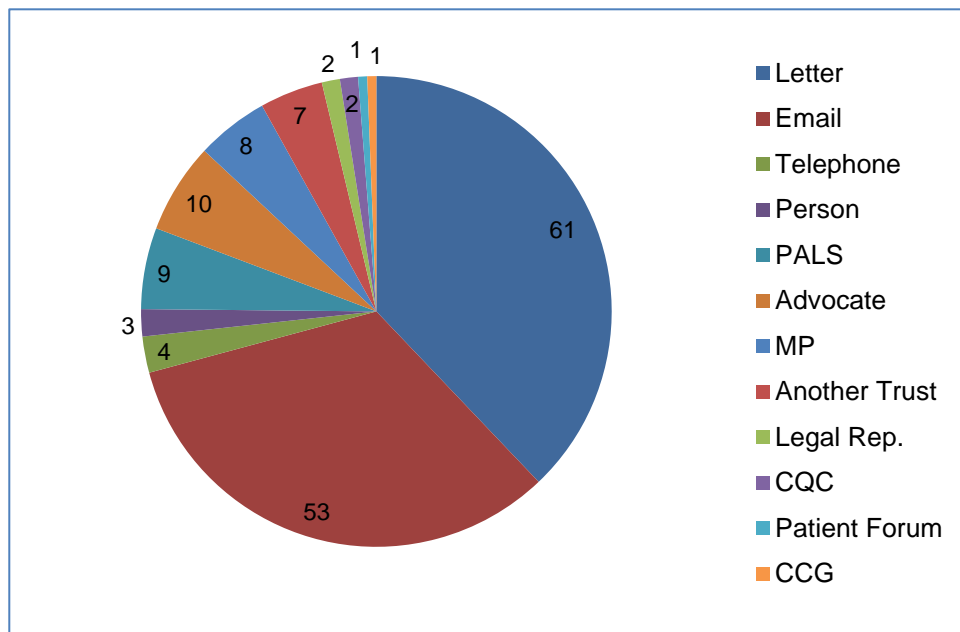
Joint complaints with other organisations

There were five joint complaints where another organisation led the investigation and CPFT provided a response to elements that involved care or services that CPFT staff had provided. All of the complaints were received via Addenbrookes Hospital's complaints team. The complaints were regarding crisis services provided by CPFT within the Emergency Department. Of the 5 complaints, 3 have been investigated and were found to be not upheld. The other 2 complaints are still under investigation.

5.2. Method of Complaints

The majority of complaints were received via letter (n=61) followed by email (n=53), telephone (n=4) and by person (n=3). Complaints were also received via other sources including Advocates (n=10), PALS (n=9), Members of Parliament (n=8), another Trust (n=7) Legal Representatives (n=2), Care Quality Commission (n=2) Patient Forums (n=1) and Clinical Commissioning Group (n=1).

The below pie chart shows a comparative of the methods used to make a formal complaint.



5.3. Acknowledgement Rates

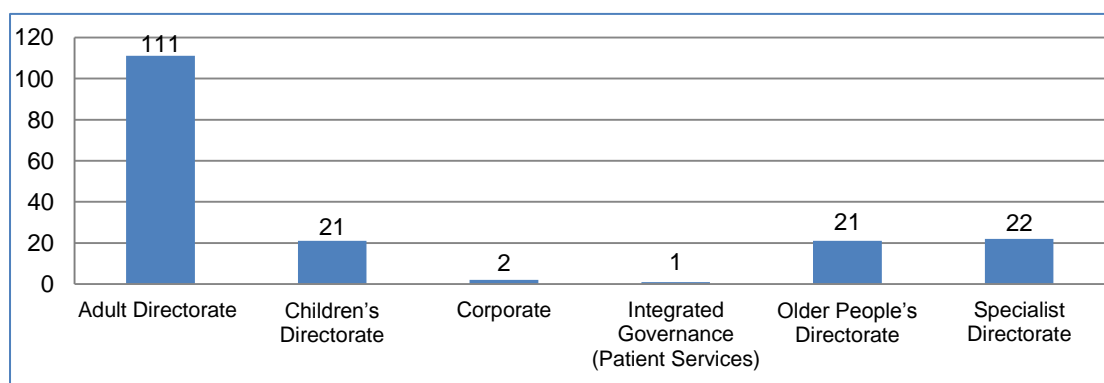
Under the NHS Complaints Regulations 2009 the requirement for acknowledging formal complaints is within 3 working days. The Trust acknowledged 90% of complaints and reopened complaints within this timeframe. This is comparable to similar mental health trusts.

The Complaints Department are continuing to work to achieve 100%. To improve the acknowledgement rates and ensure this requirement is complied with the team are sending interim acknowledgements when it is unclear as to whether the complaint sits with CPFT.

5.4. Closed Complaints

The Trust closed 178 formal complaints between 1 April 2014 and 31 March 2015. At the time of writing this report the Trust had 27 complaints open from 2014/15. Of the 27 open complaints, 12 have passed the 25 working day timeframe and 9 have agreed extensions with the complainant.

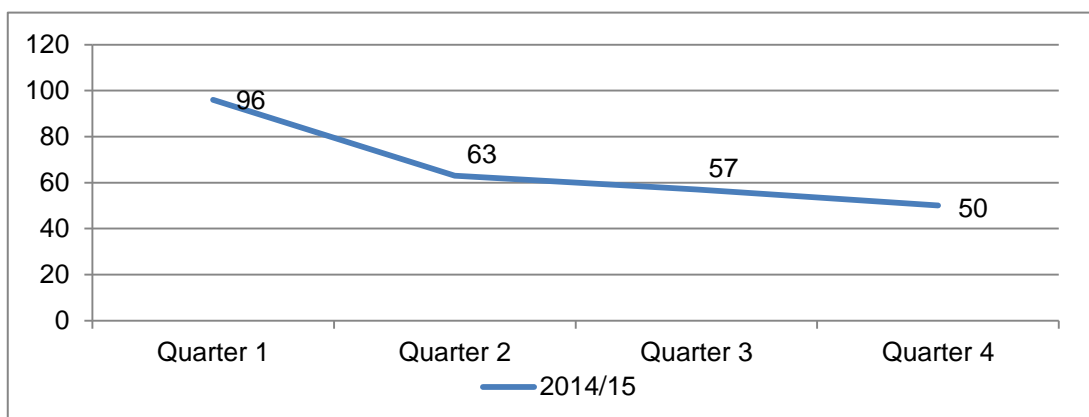
The table below shows the number of formal complaints received by Directorate in 2014/15:



5.5. Response Rates

The Trust aims to respond to complaints within 25 working days. The average response rate across the Trust for 2014/15 was 70 working days and of the 186 responses sent only 34 had extensions agreed. The average is based on the response rates for the 178 formal complaints closed between 1 April 2014 and 31 March 2015.

Below is a graph showing the decrease in the Trust's average response time by quarter.



Prior to October 2014 there was a backlog of complaints that had not been fully investigated and responded to. Following management changes to the complaints department measures were put in place to complete the investigations and close the cases where possible, and also to ensure in the future complaints are allocated and responded to within the agreed timeframe. Following this work there has been a gradual decrease in the response rate. The Trust is looking at changing the response rate to 30 working days in line with the Clinical Commissioning Group's Quality Schedule. This should have a positive impact on the response rates in time in addition to increased staff training and embedding of systems of allocation and monitoring.

Response rates have been impacted on by challenges to timely allocation of investigations due to capacity of Investigating Managers and sometimes complexities of the complaint itself. The Trust is continuing to work to reduce the length of time taken to provide a formal response by working closely with the Directorate Heads of Nursing to improve engagement from staff in the complaints process.

In the table below is a breakdown of each Directorate's average response rate.

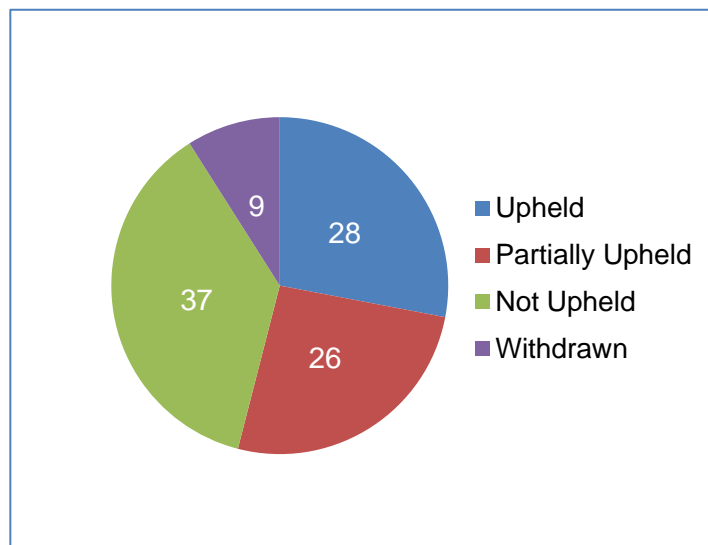
Directorate	Responses	Average Response time	Extensions Agreed
Adult Directorate	111	71	14
Children's Directorate	21	77	8
Corporate Directorate	2	137	0
Integrated Governance	1	76	0
Older People's Directorate	21	66	7
Specialist Directorate	22	55	5
Total	178	70	34

5.6 Complaint Outcomes

The Trust categorises complaints into four outcome codes; upheld (a high majority or all of the elements following investigation were found to be substantiated), partially upheld (a majority of elements), not upheld (the majority of elements were unsubstantiated) or withdrawn (investigation was ceased as the complainant did not wish to consent or continue with the complaint).

Of the 178 complaints closed during 2014/15, 49 complaints were found to be upheld, 47 were partially upheld, 66 were not upheld and 16 were withdrawn.

The below pie chart shows the outcome categories as a percentage of complaints closed.



In the table below, is a breakdown for each Division and Directorate's the number of closed complaints and the outcome categories.

Directorate	Closed Complaints	Upheld	Partially Upheld	Not Upheld	Withdrawn
Adult Directorate	111	31	25	44	11
Children's Directorate	21	9	7	3	2
Corporate Directorate	2	0	0	2	0
Integrated Governance	1	1	0	0	0
Older People's Directorate	21	5	8	6	2
Specialist Directorate	22	3	7	11	1
Total	178	49	47	66	16

The Trust will be introducing a new outcome category for 2015/16 called 'undetermined'. This category will be used when a complaint cannot be determined as upheld or not upheld. Currently if this is the case the complaint is categorised as partially upheld even though it can not be proved whether the incident occurred or not. This will provide the Trust with a clearer view on the number of complaints that could be evidenced as upheld or partially upheld.

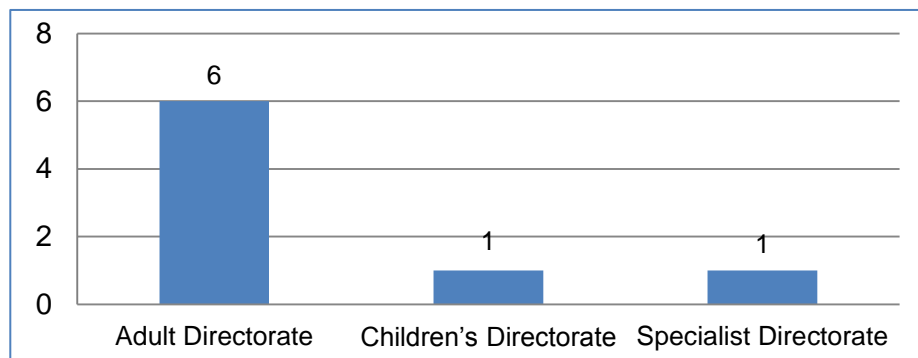
5.6. Re-opened Complaints

If a complainant is unsatisfied with the response provided by the Trust and they believe there are unresolved issues, the Complaints Department may reopen their complaint.

During 2014/15 the Complaints Department re-opened 8 complaints which in comparison to the number of formal complaints registered means only 5% were re-opened. This low percentage of re-opened complaints demonstrates that the complaint responses are robust and provide the complainant a thorough response to their concerns.

The Investigating Managers meet with the complainants to discuss their complaint and ensure they are clear in what requires investigation. This assists the Complaints Department in ensuring the responses to the formal complaints are comprehensive and address all the elements of the complaint. This reduces the number of re-opened complaints.

The graph below shows the number of formal complaints re-opened by Directorate and in 2014/15:

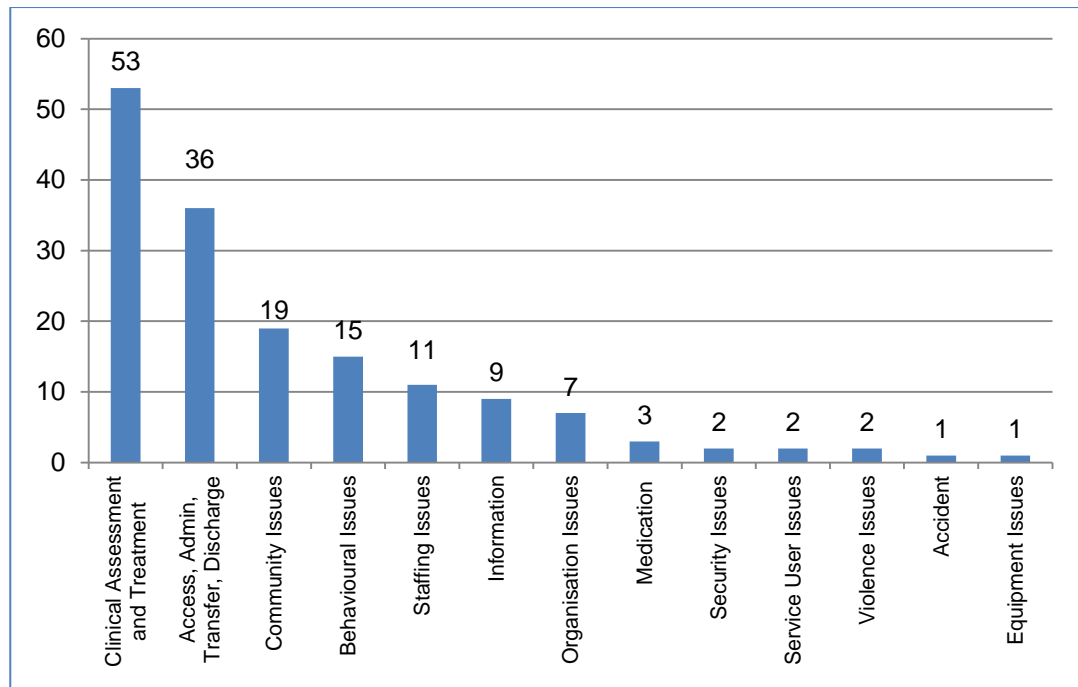


5.7. Complaint Subjects and Themes

The top five complaints categories in 2014/15 are detailed below:

- Clinical Assessment and Treatment
- Access, Admin, Transfer, Discharge
- Community Issues
- Behavioural Issues
- Staffing Issues

The graph below shows the number of formal complaints by category in 2014/15:



The main themes throughout 2014/15 related to:

- Waiting times for community services including delays in appointments, assessments and treatment. In particular, access to services for child and adolescent service users.
- Acceptance of referrals for and accessing the Crisis Resolution and Home Treatment Team services.
- Communication from staff including explanations of actions, inactions, treatment and care plans.
- Perceived lack of care and support within the community services.

The Complaints Department are introducing revised complaints categories and sub-categories from 1 April 2015. These will be aligned with the Patient Advice and Liaison Service. The revised categories will provide comprehensive data on what the themes and elements of complaints are. The categories have been revised to take into account the integration of the Adult and Older People's services from Cambridgeshire Community Services with the current mental health services being provided by CPFT.

6. Learning lessons and actions arising from complaints

Learning lessons and taking actions as a result of formal complaints is an important part of the complaints process. When learning is identified as part of the complaints investigation process an action plan is developed to address the recommendations made by the Investigating Manager. Examples of recommendations and actions taken are below.

Clinical Assessment and Treatment

Complaint regarding the treatment their daughter was receiving whilst an inpatient. The complainant had requested a copy of the care plan from the ward and this was not provided. The complainant was unhappy as there was no communication from the staff regarding changes to their daughter's leave. Their daughter was unable to have leave due to staffing shortages. Complainant was unhappy with the staffing on the ward.

Recommendations and actions taken:

1. Staff to ensure risk assessment involves family members if leave from the unit is under their supervision. Staff to discuss how family members raise concerns if being left alone with their relative.

The ward implemented a new leave risk assessment protocol which states that staff should meet with families/significant others prior to leave, if appropriate and if consent has been obtained. If risk is an issue, then the confidentiality clause can be overridden in the interests of the patient's safety.

2. Any changes to care or treatment, to the scale of changing leave for the whole unit, are to be communicated to the family and carers, as it would to the patients and staff. The Ward Manager and Clinical Nurse Specialist to raise this at the next Ward Business Meeting to ensure the action is cascaded to the ward team.

An email was sent to every member of the ward team with clear instructions on who to contact in the event of any significant changes being made to a patient's care. This action was also discussed at the Ward Business Meeting on 17 November 2014. All patients now have CPA meetings arranged and all patients that are agreeable have had all significant parties invited to attend.

3. A Staffing Board is to be completed and displayed on a daily basis to ensure transparency in communication with patients and carers regarding staff.

The ward displays a laminated staffing board on the ward which outlines the level of staffing for the day.

Access, Admin, Transfer and Discharge

Complaint regarding the care and treatment provided to their wife during her crisis. Complainant requested an explanation of why their wife was transferred to Cambridge even though the complainant expressed/raised this with staff. Complainant felt this would hinder the patient's recovery due to personal reasons. Complainant was concerned as family and friends were unable to visit and support the patient's recovery whilst she was in Cambridge.

Recommendations and actions taken:

1. Patient to be sent a letter with the process of what will happen if they required admission again.

A letter was sent to the patient and complainant with a copy to the Crisis Resolution and Home Treatment Team detailing the process for admission.

2. Care plan is updated to reflect agreed admission process.

The letter sent was uploaded to Rio (patient administration system) and is the basis of the care plan for the patient.

Community Issues

Complainant regarding the delay in their relative being given Cognitive Behavioural Therapy. The service user was advised of a six week wait at assessment and the

time had elapsed.

Recommendations and actions taken:

1. Review tracking of the referral and assessment outcomes to ensure there is a robust system to prevent this type of error reoccurring.

The administrative staff now forward all referrals to the Practitioner for screening. The Practitioner has assigned protected time to review referrals and outcomes. A document has been devised to assist in tracking referrals and ensure timely completion of referrals.

2. Appoint additional staff to support practitioner.

The team have recruited additional clinical staff and administrative support has been assigned to the Practitioner.

Clinical Assessment and Treatment

Complainant felt they were being admitted against their will but were later informed that they had voluntarily admitted themselves.

Recommendations and actions taken:

1. Ward staff to ensure informal patients are informed of their rights and this discussion is documented on RiO. Wards to consider discussing this in community meetings so that there is a general awareness of the rights of informal patients.

Ward Managers from all Directorates have acknowledged this action. This has been discussed in Ward Business meetings and Community Meetings. Care plans and welcome packs were also updated to include information regarding informal patient's rights.

7. Parliamentary Health Service Ombudsman (PHSO)

The role of the Ombudsman is to investigate where the complainant remains unhappy with the outcome and conclusion of their complaint investigation by the Trust. The Ombudsman will investigate complaints about services received from the NHS if they are not resolved to the complainant's satisfaction locally through Local Resolution. In doing this the Ombudsman will review the complaint file and clinical records of the patient. The Ombudsman will then produce a report detailing what, if any, learning they have identified and any recommendations the Trust should consider.

During 2014/15 the Ombudsman has requested the complaint file and/or clinical records for four complaints. Of these four, three are still under investigation by the Ombudsman. The Trust has received the final report and outcome of the fourth which was determined as not upheld.

During this period the Trust has also received an Ombudsman report closing an Ombudsman case reported in 2013/14. The Ombudsman determined this complaint as not upheld. As a result of the investigation, the Ombudsman requested two actions were undertaken. These included confirmation a new phone system had

been installed that could meet the high volume of calls, and provide information about how the Trust provides 24 hour care. The letter was sent to the complainant providing the information on 11 November 2014.

The Trust has also been involved in two cases from the Local Government Ombudsman involving Social Care Teams. The initial complaints were received and dealt with by the Trust but are being dealt with by the Local Government Ombudsman due to funding allocation. The final reports for the two cases have not yet been received.

8. Key Priorities and Improvements for 2015/16

The key priorities and improvements for the Complaints Department in 2015/16 are:

- Incorporate complaints from the Adult and Older People's service that have integrated with the Trust and ensure reporting mechanisms are in place.
- Introduce the revised reporting categories and sub-categories on Datix to assist in trends analysis, and the use of the new outcome category 'undetermined'.
- The implementation and utilisation of the Datix Complaints web module.
- To devise a satisfaction questionnaire in-conjunction with Healthwatch Cambridge, and collect feedback from complainants on how they felt the service managed their complaint.
- To work with the Equality and Diversity lead to develop a data collection strategy for complaints equality monitoring data.
- The roll out of Complaints Investigation training to senior staff across the Trust including staff that have moved into CPFT as part of the integration.

These priorities have been identified through a robust review of the areas within the complaints management process that require improvement. The implementation of the Datix Web Module has been identified as a requirement following the integration of the adult and older people's services from Cambridgeshire Community Services.

The introduction of the 'undetermined' sub-category will be reviewed during the next annual report to ascertain if this has an impact on the number of partially upheld complaints. The implementation of these key priorities will be monitored via the Complaints Work Plan which will be submitted to the Patient Safety and Clinical Risk Group on a monthly basis for review.