

PUBLIC BOARD OF DIRECTORS MEETING

REPORT

Subject:	Complaints Annual Report 2018/19				
Date of Meeting:	Thursday 23rd May 2019				
Author:	Amber Woolner, Patient Safety Manager				
Responsible Lead:	Nishaal Abraham, Head of Patient Safety and Complaints				
Lead Director:	Melanie Coombes, Director of Nursing and Quality				
Purpose <i>(please mark in bold)</i>	TO NOTE	INFORMATION	DECISION	APPROVAL	RATIFY
CQC Key Lines of Enquiry <i>(please mark in bold)</i>	SAFE	EFFECTIVE	CARING	RESPONSIVE	WELL-LED
Link to the Trust's strategic goals <i>(please mark in bold where applicable)</i>	DELIVER THE BEST CARE	INNOVATION IN HEALTHCARE & RESEARCH	DEMONSTRATE BEST VALUE	IMPROVED WORKING EXPERIENCE	
Financial Impact Legal Impact Impact to Partnership working: <i>(please mark in bold where applicable, and explain)</i>	FINANCIAL	LEGAL	ENGAGEMENT	PARTNERSHIP WORKING	
	Compliance with the complaint legislation is a statutory requirement, which has implications on contractual requirements and requires working in partnership with other stakeholders and agencies to ensure the best outcomes.				
Confidentiality/ Freedom of Information status:	This report is not confidential.				
Committees/ groups where this has been presented before:	Quality, Safety and Governance Committee, 24 April 2019				
Committees/ groups where this should next be considered:	N/A				

EXECUTIVE SUMMARY:

- Details of the formal complaints activity**

The Trust received 207 formal complaints between 1 April 2018 and 31 March 2019. This is a 4% decrease from the number of complaints received in 2016/17 (n=216). As a comparator there was a total of 1,448,879 referrals and patient contacts via telephone or face to face during 2018/19; which equates to a 0.014% complaint rate compared to activity.

The average response rate across the Trust has seen an increase from 47 working days in 2017/18 to 51 working days in 2018/19. The response rate is based on 227 formal and reopened responses

being sent between 1 April 2018 and 31 March 2019. The Trust's average response time increased. The number of responses sent to complainants has seen an overall increase of 7%.

During 2018/19 25 complaints were reopened which in comparison to the number of formal complaints registered the reopen rate is 12%. This is an increase from 2017/18 where 22 were reopened, and the reopen rate was 10%.

- **Priorities implemented and improvements made in 2018/19**

To work with Directorates to improve the average response times for complaints – the Complaints Team are implementing weekly meetings with each Directorate Head of Nursing to review the open complaints. A weekly situation review meeting is held with the Deputy Director of Nursing and Quality and Head of Patient Safety and Complaints to ensure delays are escalated in a timely manner. This will remain a priority for 2019/20.

To facilitate opportunities for local resolution meetings – it is standard practice for Investigators to meet or speak with complainants at the start of their investigation. The option to meet following the investigation is available for complainants. The Chief Executive attends local resolution meetings with a member of the Complaints Team and the Investigators. The team have facilitated local resolution meetings with senior staff throughout 2018/19.

- **Learning and actions taken as a result of complaints**

Learning has been identified and shared, as a result of complaints investigation to ensure wider organisational learning.

- **Contact with the Ombudsmen**

In 2018/19 the Trust received 7 referrals from the Parliamentary and Health Service Ombudsman, and 1 from the Local Government Ombudsman.

- **Complaints Team key priorities for 2019/20**

To implement the standard NHS England Complaints Satisfaction Survey.

To continue to develop various ways of sharing the themes and learning from complaints both internal and external at directorate level and trust wide.

To work with Directorates to improve the response times for complaints and review the process to enable more timely responses to complaints.

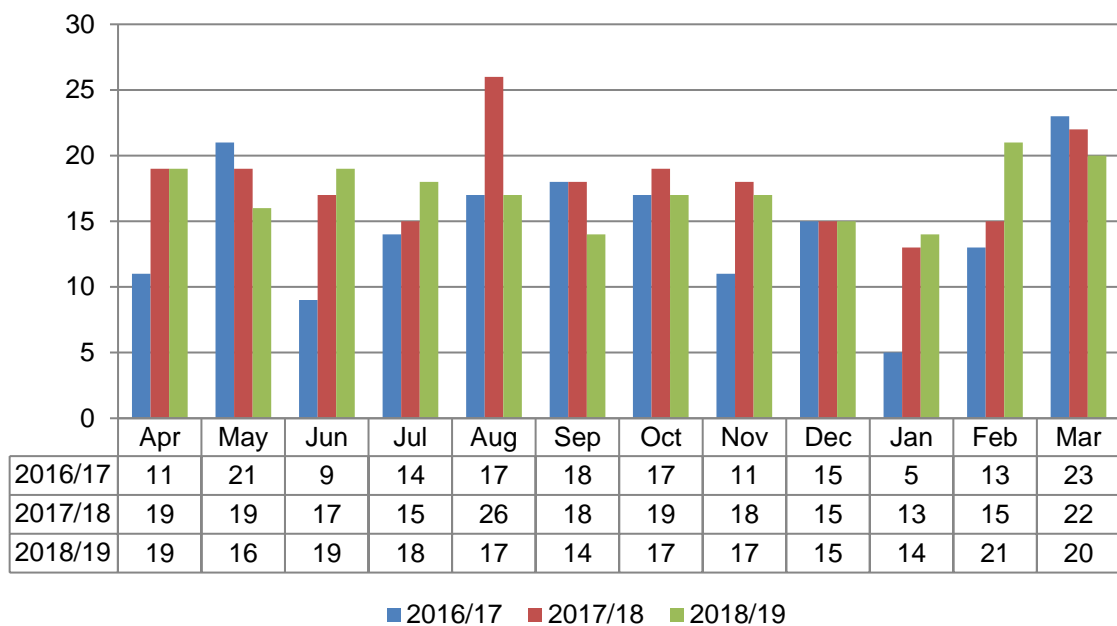
To review the quality of action plans to improve the embedding of learning.

Complaints Annual Report

1 April 2018 to 31 March 2019

1.	<p>PURPOSE AND BACKGROUND</p> <p>This annual report provides an overview of formal complaints management and complaints activity within the Trust between 1 April 2018 and 31 March 2019. It highlights the key developments implemented in 2018/19 and sets out the key priorities for 2019/20.</p> <p>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.</p> <p>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.</p> <p>The underlying principles of CPFT’s complaints system are:</p> <ul style="list-style-type: none"> • 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 <p>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.</p> <p>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. People also have a right to a full explanation and apology where applicable, and the principles of Being Open and Duty of Candour are demonstrated throughout the complaints procedure.</p>
2.	<p>COMPLAINTS MANAGEMENT WITHIN CPFT</p> <p>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:</p> <p>CPFT’s 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.</p> <p>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.</p> <p>The Complaints Team comprises of the Head of Patient Safety and Complaints, who has responsibility for the Complaints Team, the Patient Safety Manager, who has responsibility for managing the Complaints Team, the Complaints Officer, who operationally manages the service, and a Complaints Co-ordinator, who provides administrative support to the team. The Complaints Team had a vacancy for a period of nine months due to reconfiguration within the Patient Safety and Complaints Team. This was temporarily covered for six months by agency staff.</p> <p>The Complaints Team manages the complaints procedure, liaises with complainants and Investigating Managers, and produces various reports for internal and external colleagues. The</p>

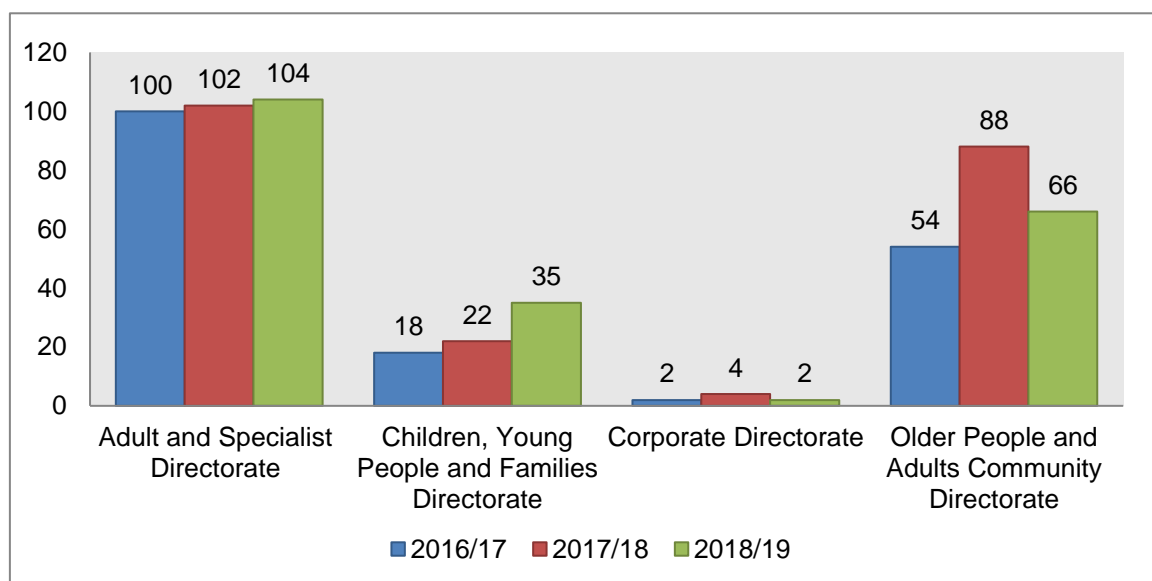
	<p>Complaints Team act as an interface between the Trust and the Parliamentary and Health Service Ombudsman, Local Government and Social Care Ombudsman and other organisations.</p> <p>All complaints are reviewed by the Complaints Officer in discussion with the Patient Safety Manager to determine whether 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.</p> <p>The Quality and Compliance Executive receives a thematic review on complaints which provides information about complaints management, learning and themes. The Complaints Team provides monthly data on complaints to the Directorates, and at a Trust level within the Integrated Quality and Safety Report which is discussed at the Quality Safety and Governance Committee and Trust Board.</p> <p>CPFT has seen an increase in the complexity of the complaints received in 2018/19 which is indicative of the wide range of diverse services delivered by the Trust as well as continued integration within the wider local health and social care economy.</p> <p>The Complaints Team deals with formal complaints, potential complaints, sign posts service users/complainants to PALS and other NHS/Social Care organisations and registers and responds to all Health Professional Feedback.</p> <p>The Complaints Team offers assistance to patients/service users/families and carers to on the complaints process and offers guidance and support to staff who undertake complaints investigations and those who manage complaints.</p>
3.	PRIORITIES IMPLEMENTED AND IMPROVEMENTS MADE IN 2018/19
	<p>To implement the standard NHS England Complaints Satisfaction Survey – this has not been implemented but remains a priority for 2019/20.</p> <p>To continue to develop various ways of sharing the themes and learning from complaints both internal and external at directorate level and trust wide – the Complaints Team are using the action module with Datix which enables triangulation of actions and themes with other investigations. This continues to be developed to ensure recommendations and learning are identified and disseminated across the organisation. This will remain a priority for 2019/20.</p> <p>To continue to develop working relationships with the local healthcare stakeholders to improve timeframes and management of joint complaint investigations – the Complaints Team continue to meet with Cambridgeshire County Council regularly to discuss complaints management across the organisation. The Complaints Team have been working to build and improve working relationships with other local healthcare stakeholders.</p> <p>To work with Directorates to improve the average response times for complaints – the Complaints Team are implementing weekly meetings with each Directorate Head of Nursing to review the open complaints. A weekly situation review meeting is held with the Deputy Director of Nursing and Quality and Head of Patient Safety and Complaints to ensure delays are escalated in a timely manner. This will remain a priority for 2019/20.</p> <p>To facilitate opportunities for local resolution meetings – it is standard practice for Investigators to meet or speak with complainants at the start of their investigation. The option to meet following the investigation is available for complainants. The Chief Executive attends local resolution meetings with a member of the Complaints Team and the Investigators. The team have facilitated local resolution meetings with senior staff throughout 2018/19.</p>
4.	COMPLAINTS ACTIVITY
4.1	<p>Number of Complaints Received The Trust received 207 formal complaints between 1 April 2018 and 31 March 2019. This is a 4% decrease from the number of complaints received in 2017/18 (n=216).</p>



This graph shows the number of formal complaints received in 2018/19 by month compared to 2017/18 and 2016/17:

As a comparator there was a total of 1,448,879 referrals and patient contacts via telephone or face to face during 2018/19; which equates to a 0.014% complaint rate compared to activity.

The graph below shows the number of formal complaints received per Directorate in 2018/19 compared to 2017/18 and 2016/17:



In October 2016 the directorates were restructured, Tier 4 services moved under the Children, Young People and Families Directorate, and the Adult and Specialist Directorates merged.

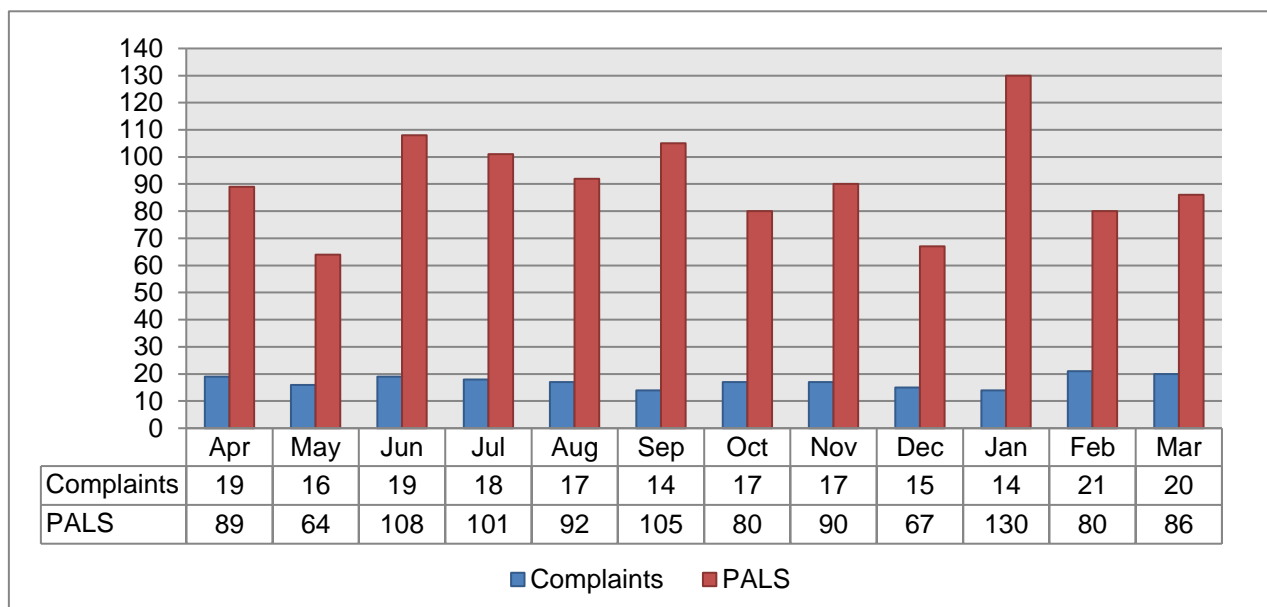
Potential Complaints

During 2018/19 the Complaints Team dealt with over 50 potential complainants; which included providing information via email and letter regarding the complaints process, and dealing with complaints that could not be processed due to a lack of information and engagement from the complainant. This figure is exclusive of the number of telephone calls the team have dealt with where information about the complaints process is given or complainants have been directed to the service for local resolution.

Interface with the Patient Advice and Liaison Service (PALS)

The Complaints Team work closely with PALS to ensure that where possible complaints and concerns are resolved quickly and to the complainant's satisfaction. During 2018/19 the Complaints Team have worked and liaised with PALS to resolve over 64 concerns and informal complaints.

This graph shows the number of formal complaints received in 2018/19 by month compared to the PALS contacts including enquiries for information and concerns recorded for the same period:

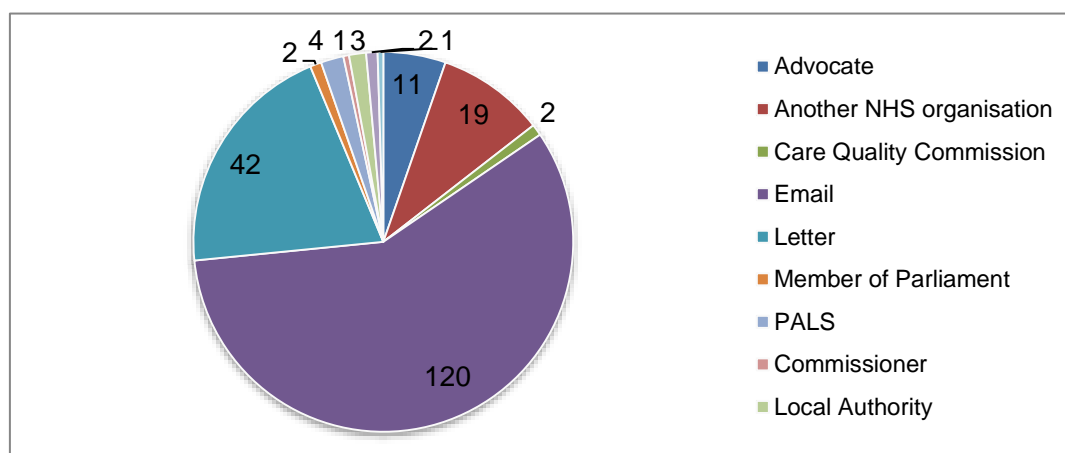


Declined Complaints

During 2018/19 the Complaints Team declined to investigate 122 complaints as they either fell outside of the timeframe stipulated with the regulations, or the complaint related to another organisation.

4.2 Method of making complaints

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



4.3 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; which is a decrease from 2017/18 and 2016/17 (97%).

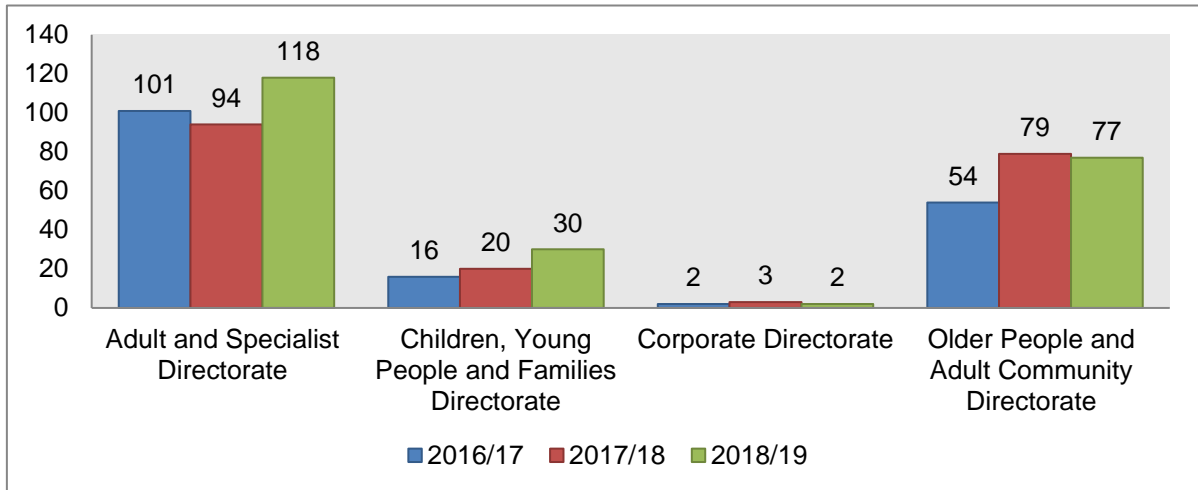
The Complaints Team continues to work to achieve 100%. To improve the acknowledgement rates and ensure this requirement is complied with the team are sending interim acknowledgement letters

and emails when it is unclear as to whether the complaint sits with CPFT, or the complainant has not provided sufficient demographic identifiers to register the formal complaint.

4.4 Closed Complaints

The Trust closed 227 formal complaints between 1 April 2018 and 31 March 2019, which is an increase from 196 in 2017/18 and 173 in 2016/17.

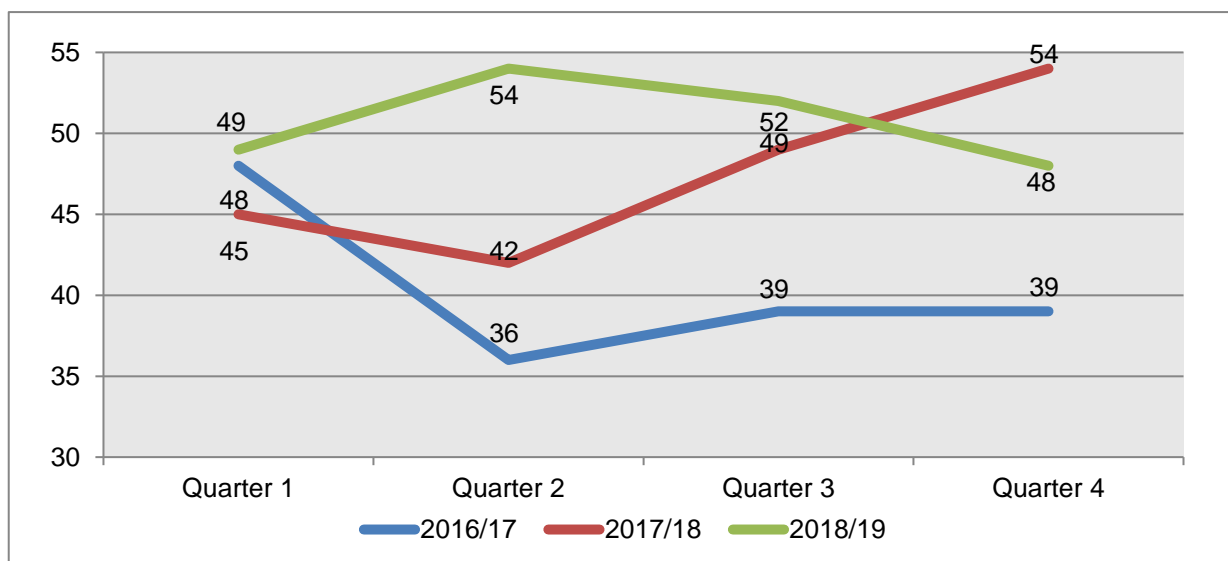
The graph below shows the number of formal complaints closed per Directorate in 2018/19 compared to 2017/18 and 2016/17:



4.5 Response Rates

The Trust aims to respond to complaints within 30 working days. The average response rate across the Trust for 2018/19 was 51 working days which is an increase in comparison to 2017/18 (47 working days based on 213 responses being sent). The response rate is based on 227 formal and reopened responses being sent between 1 April 2018 and 31 March 2019. The Trust's average response time has seen an increase however the number of responses sent has seen an overall increase of 7%.

Below is a graph showing the Trust's average response time by quarter for 2018/19 compared to 2017/18 and 2016/17:



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

Directorate	Responses	Average Response time in working days 2018/19 (2017/18)
Adult and Specialist Directorate	118	54 (47)
Children, Young People and Families Directorate	30	54 (46)
Corporate Directorate	2	45 (34)
Older People and Adult Community Directorate	77	44 (48)
Trust	227	51 (47)

Response rates have been impacted on by challenges to timely allocation of investigations due to the 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.

It remains a challenge getting Investigating Managers to liaise and agree extensions with the complainants. The Complaints Team and Directorate Heads of Nursing are requesting Investigating Managers discuss and agree extensions with the complainant when it becomes apparent there may be a delay in the response being sent.

The Complaints Team have been utilising the Datix Complaints web module to record the dates of the agreed extension and the reason the response has taken over 30 working days. Below is the Trust's breakdown of compliance with the timeframe and agreed extensions:

- 11% of responses were sent within 30 working day timeframe
- 3% were locally resolved
- 3% were not responded to as consent was not received
- 3% were withdrawn by the complainant
- 5% were investigated as Serious Incidents, Clinical Reviews or Safeguarding
- 3% of responses were sent within the agreed timeframe
- 20% of responses were sent after the agreed timeframe
- 16% of responses were sent after the 30 working day timeframe without an agreed extension and within 40 working days
- 36% of responses were sent after the 30 working day timeframe without an agreed extension, and after 40 working days

The main reasons identified as causing delays in responses being sent out within the agreed timeframe are:

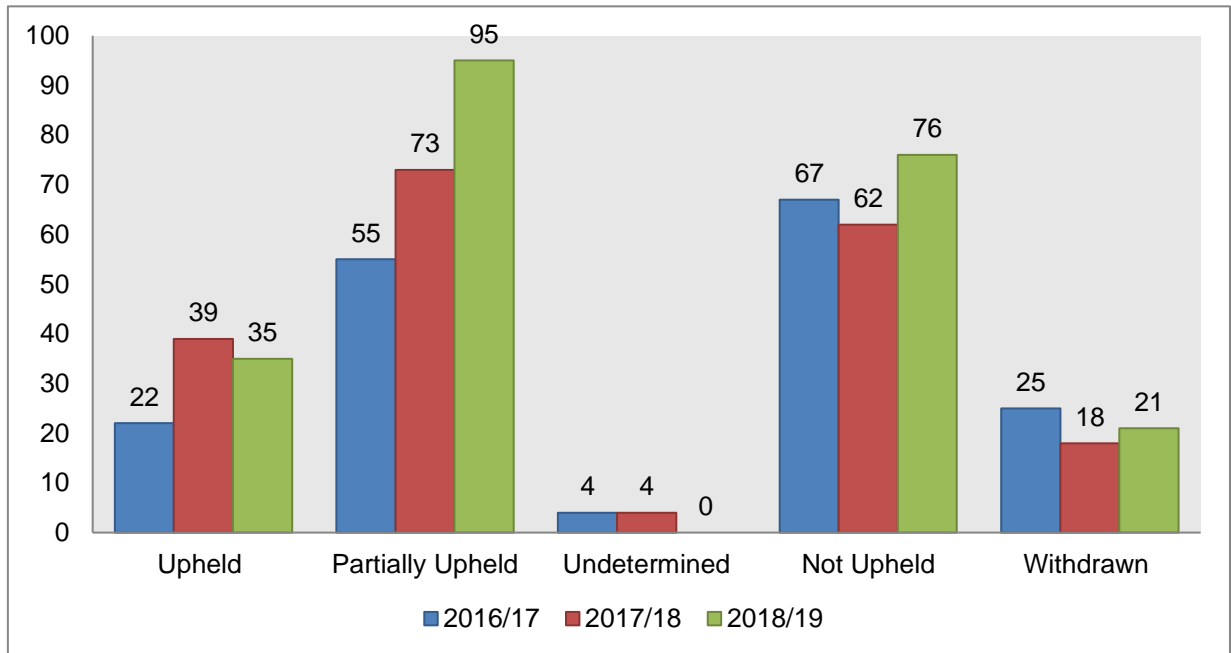
- Delays in the Complaints Team being able to draft the response (105 out of 227). The Complaints Officer substantive post has been filled which will address this delay.
- Late submissions of the investigation packs (101 out of 227). The Complaints Team are working with directorates to address this.
- Further information for the complaint response is required from the Investigating Manager (82 out of 227). The Complaints Team are working with directorates to address this and will be reiterated in the complaints training.
- Delays in the complaint being allocated within the two day timeframe (76 out of 227). The Complaints Team are working with directorates to address this.
- Delays in the directorate reviewing and approving the response (44 out of 227). The Complaints Team are working with directorates to address this.
- Delays in the response being signed (8 out of 227). A time response checklist has been implemented for the Chief Executive and is used for every complaint showing important dates.

4.6 Complaint Outcomes

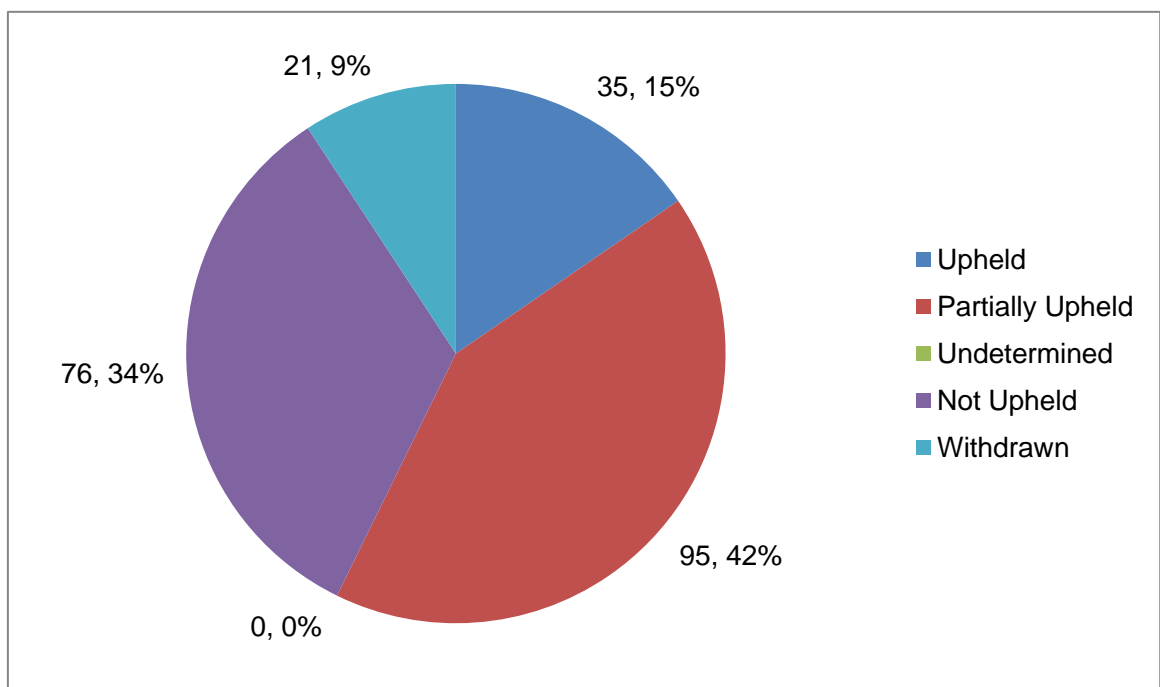
The Trust categorises complaints into five outcome codes:

- Upheld (a high majority or all of the elements following investigation were found to be substantiated)
- Partially upheld (a majority of elements)
- Undetermined (where the elements could not be substantiated or unsubstantiated)
- Not upheld (the majority of or all elements were unsubstantiated)
- Withdrawn (investigation was ceased as the patient did not wish to consent or the complainant did not wish to continue with the complaint)

The below graph shows the number of complaints by outcome category for 2018/19 compared to 2017/18 and 2016/17.



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



In the table below, is a breakdown for each Directorate's the number of closed complaints, the number of complaints for each outcome and the percentage for 2017/18.

Outcome Code	Adult and Specialist Directorate	Children, Young People and Families Directorate	Corporate Directorate	Older People and Adult Community Directorate	Total
Upheld	14 (12%)	6 (20%)	2 (100%)	13 (17%)	35
Partially Upheld	45 (38%)	16 (53%)	0 (0%)	34 (44%)	95
Undetermined	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0
Not Upheld	46 (39%)	7 (23%)	0 (0%)	23 (30%)	76
Complaint Withdrawn	13 (11%)	1 (4%)	0 (0%)	7 (9%)	21

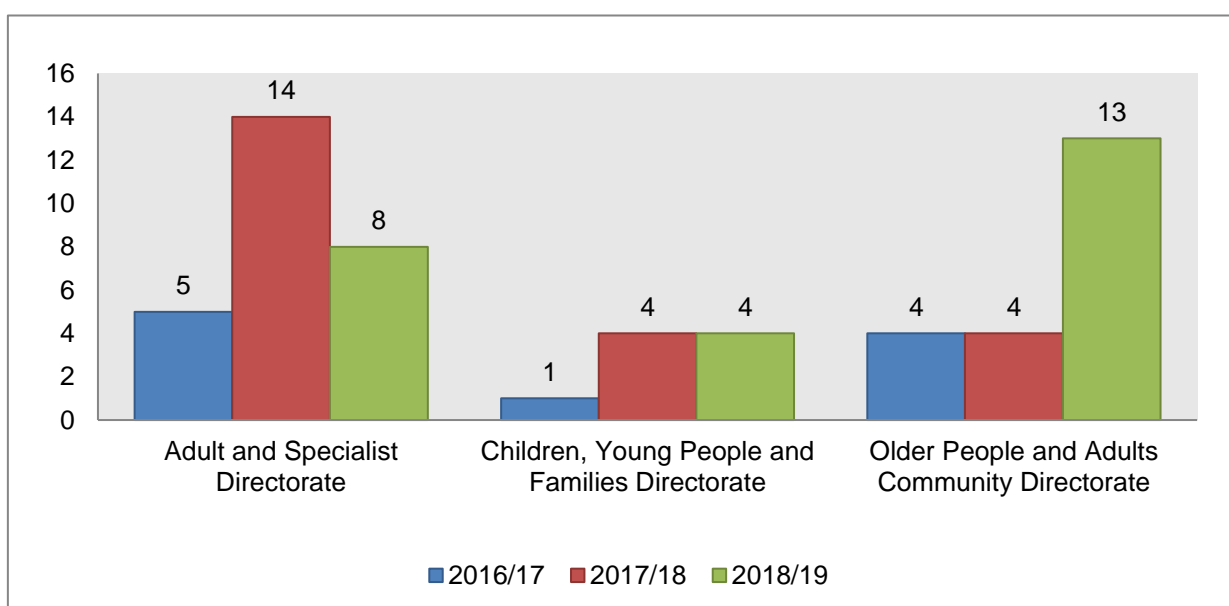
4.7 Reopened Complaints

If a complainant is unsatisfied with the response provided by the Trust and they believe there are unresolved issues, the Complaints Team may reopen their complaint following review of the letter, investigation report and whether the elements have been addressed already.

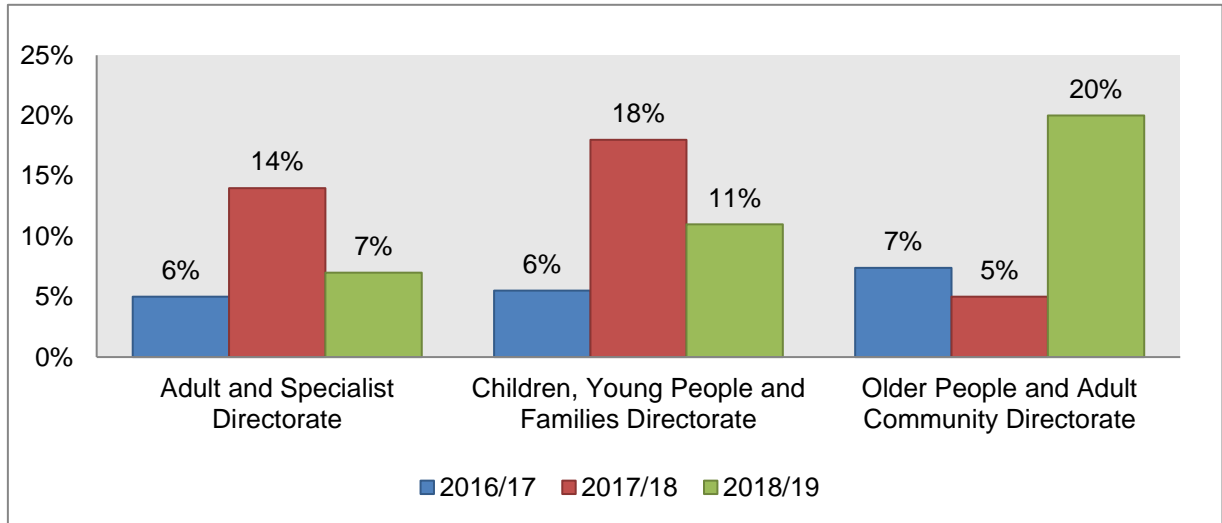
During 2018/19 the Complaints Team reopened 25 complaints which in comparison to the number of formal complaints registered the reopen rate is 12%. This is an increase from 2017/18 where 22 complaints were reopened, and the reopen rate was 10%.

Although the reopen rate has increased, the low percentage of reopened complaints demonstrates the complaint responses are robust and provide the complainant with a thorough response to their concerns. The Investigating Managers meet with or speak to the complainants to discuss their complaint, agree the elements for investigation and ensure that the complainant's expectations are managed from the start of the investigation. This assists the Complaints Team in ensuring the responses to the formal complaints are comprehensive and address all the elements of the complaint which reduces the number of re-opened complaints.

The graph below shows the number of formal complaints re-opened per Directorate in 2018/19 compared to 2017/18 and 2016/17:



The graph below shows the re-open rate per Directorate in 2018/19 compared to 2017/18 and 2016/17:

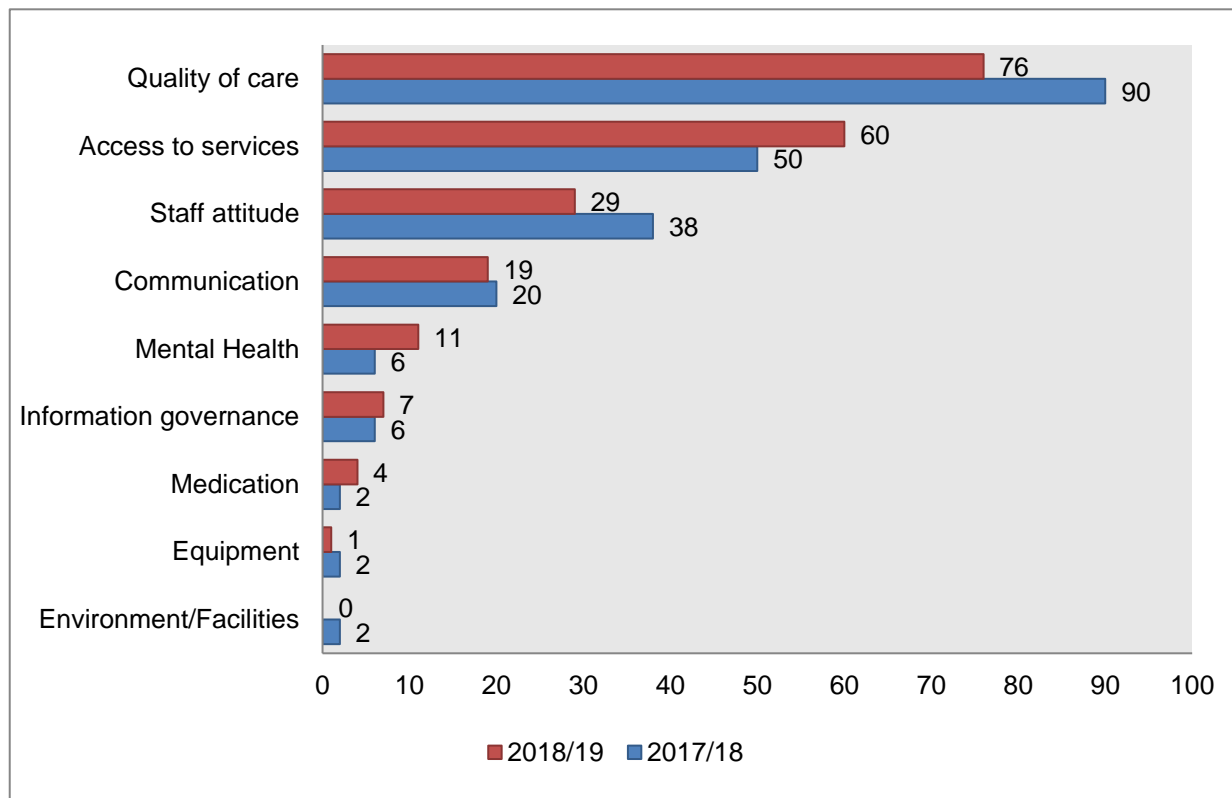


4.8 Complaint Subjects and Themes

The top five complaints subjects in 2018/19 are detailed below:

- Quality of care
- Access to services
- Staff attitude
- Communication
- Mental Health Law

The graph below shows the number of formal complaints by subject in 2018/19 compared to 2017/18:



The overall complaints were about the quality of care; including inadequate/insufficient care and dissatisfaction with the psychiatric and general treatment provided. Access to services included a

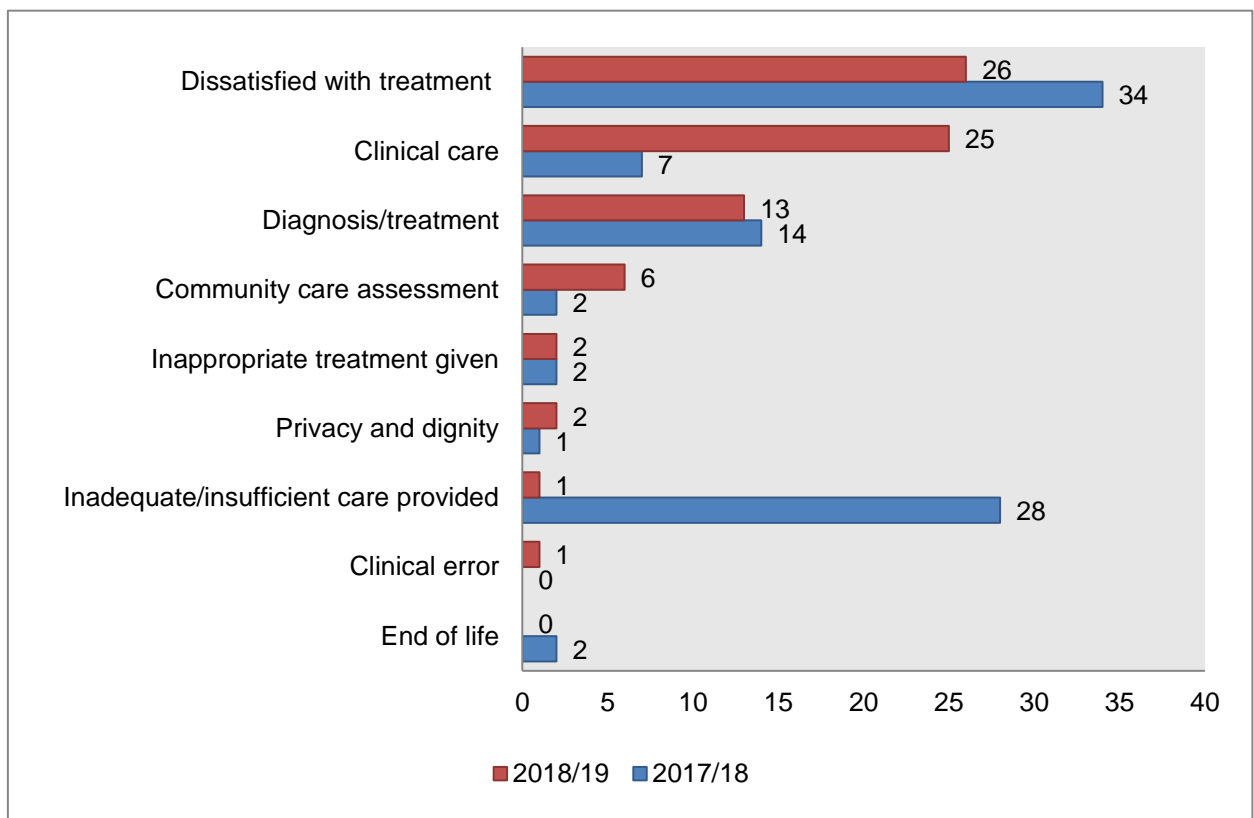
lack of services, cancelled/delayed appointments and referrals/ assessments as being the main themes. Staff attitude and communication were also included in the overall themes. This remains the same from the previous financial year.

Adult and Specialist Mental Health Directorate indicated the main themes being quality of care (n=38) access to services (n=26) and staff attitude (n=13). Quality of care themes included poor assessments for treatment and medication, delays in referrals and treatment, inappropriate discharge from the service, continuity of care and communications. Access to services (31) included delays in providing appropriate treatment, lack of assessment and poor follow ups, and referral waiting times. Staff attitude (17) included poor communication, rude and patronising manner, and inappropriate comments.

Children, Young People and Families Directorate the largest number of complaints were received for access to services (n=14) which related to community child and adolescent mental health services in particular accessing diagnostic assessments and support after this. Quality of care complaints (n=11) also related to community child and adolescent mental health services with the main theme relating to a perceived lack of treatment.

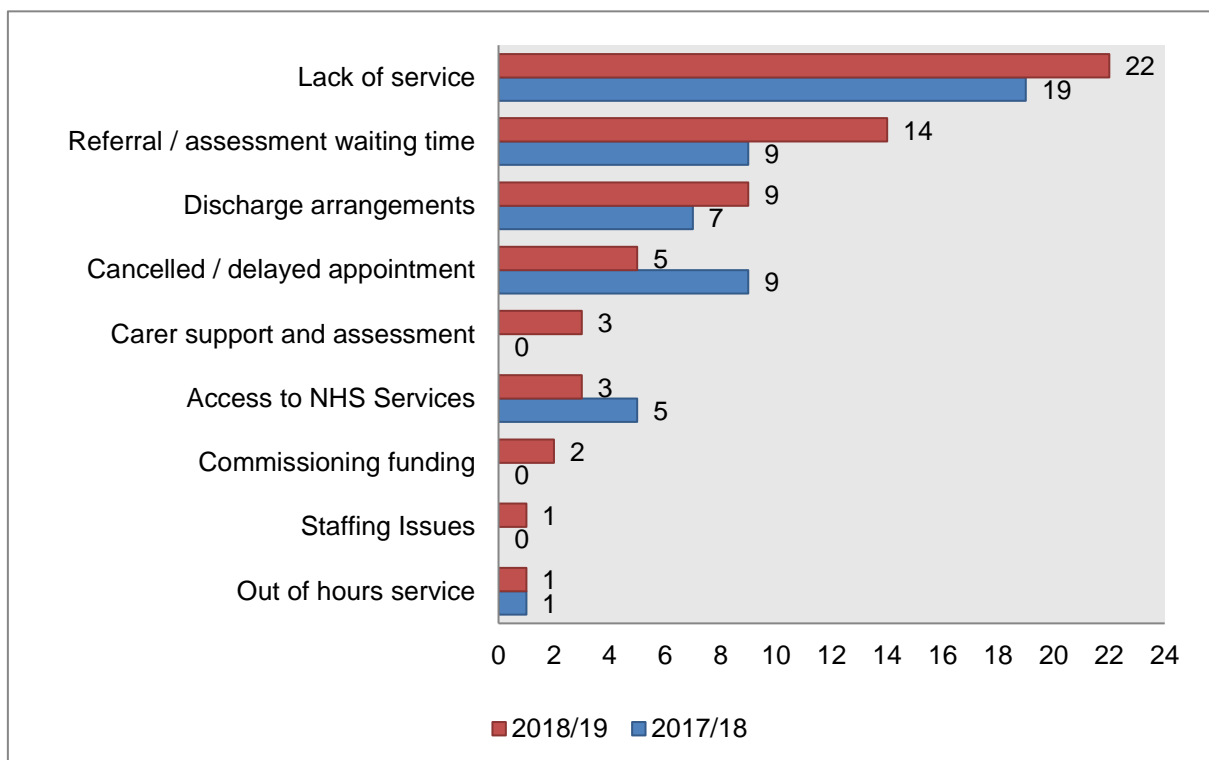
Older People's and Adult Community Directorate themes for complaints were quality of care (27) relating to treatment in the community by district nurses and the Intermediate Care Team, and continuity of care after discharge from hospital. Access to services (20) problems getting district nurses to make home visits and access to specialist services within the community, and difficulties in being able to contact community physical health services.

The graph below shows the number of formal complaints relating to Quality of care broken down by sub-subject in 2018/19 compared to 2017/18:

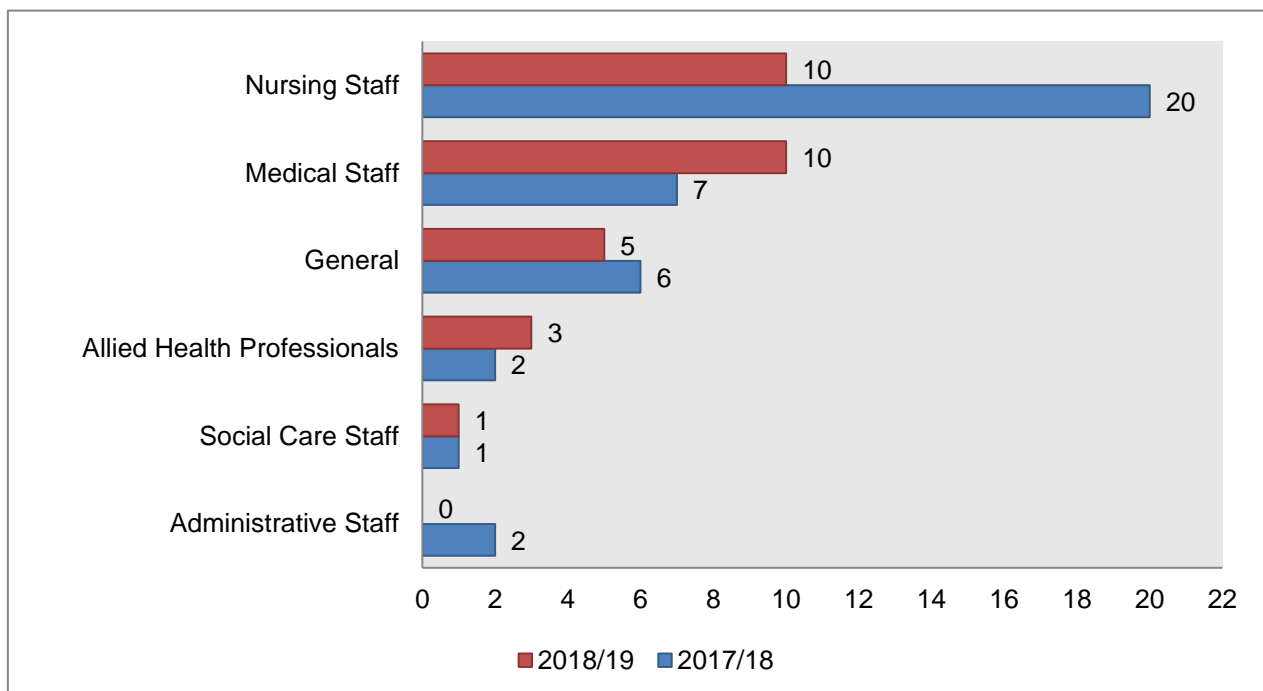


The significant reduction in the number of complaints recorded as inadequate/insufficient care provided was due to the removal of this category for better reporting in 2018/19.

The graph below shows the number of formal complaints relating to Access to Service broken down by sub-subject in 2018/19 compared to 2017/18:



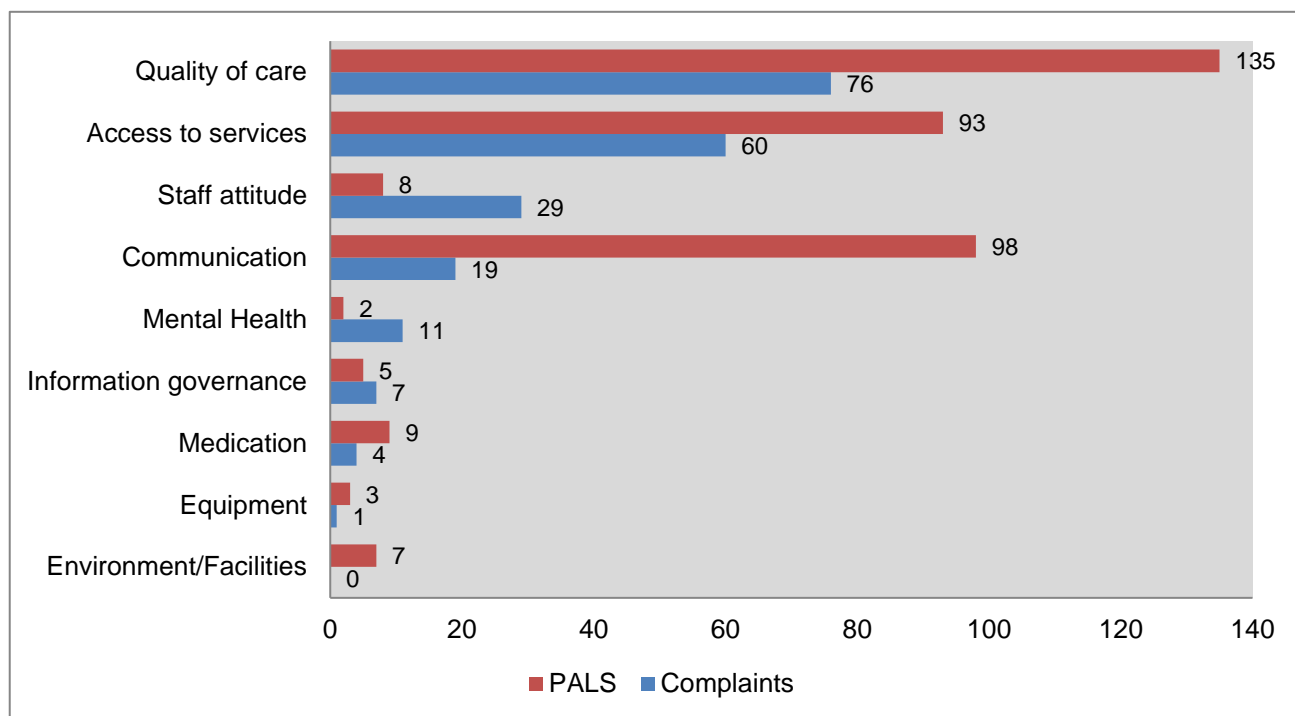
The graph below shows the number of formal complaints relating to Staff attitude broken down by sub-subject in 2018/19 compared to 2017/18:



The Trust has returned the required quarterly KO41a collection to NHS Digital. The return records the number of written complaints received about hospital and community services made by (or on behalf of) patients received between 1 April 2017 and 31 March 2018. The data includes all complaints upheld and is broken down by service area (who was complained about) and by subject area (what was complained about).

Formal Complaints compared to PALS Concerns

This graph shows the percentage of PALS concerns compared to formal complaints in by subject category in 2018/19:



4.9 Multi-agency Complaints

Social Care Complaints

CPFT have an integrated service with Cambridgeshire County Council and Peterborough City Council. This means the Trust has social care staff dedicated to looking after service users under CPFT's care. The Trust is required to report to each council the number of complaints received about social care. In 2018/19, there was 1 formal complaint that had elements involving social care both related to Cambridge; which was subsequently withdrawn.

Occupational Therapy complaints

CPFT have an integrated service with Cambridgeshire County Council. This means the Trust has occupational therapy staff dedicated to looking after service users under CPFT's care. The Trust is required to report to the council the number of complaints received about occupational therapy services. In 2017/18, there were two formal complaints that had elements involving occupational therapy that also involved the council. Of which one was withdrawn and one was not upheld.

Management of complaints under the Section 75 agreements

The Complaints Officer and Complaints Coordinator attend quarterly review meetings with Cambridgeshire County Council's Adult Social Care Complaints Team. This allows for the services to review complaints, and discuss the challenges of, and improvements to the process. Both teams are continuing to work towards aligning the different complaints processes and timeframes to ensure that joint complaints are thoroughly investigated by both organisations but within an agreed specified timeframe that the complainant is happy with.

Joint complaints with other organisations

There were 31 complaints registered in 2018/19 (compared to 31 in 2017/18) that involved another organisation(s). These complaints are investigated by the respective organisations and in the majority of cases a joint response was provided to the complainant.

Of the 31, 12 involved Cambridgeshire University Hospital NHS Foundation Trust. 4 related to Liaison Psychiatry, 3 related to rehab and intermediate care services, 2 related to mental health units, 3 related to community physical health services and district nursing services.

	<p>North West Anglia NHS Foundation Trust were involved in 10 complaints: 5 of which related to Hinchingbrooke Hospital, and 5 related to Peterborough City Hospital. Of the 10; 4 related to discharge planning teams, 3 related to intermediate care services, 1 related to the community district nursing service; 1 related to joint emergency services and 1 related to first response services.</p> <p>The other joint complaints related to Cambridgeshire Community Services NHS Trust, Cambridgeshire and Peterborough Clinical Commissioning Group, MIND, North West Norfolk Clinical Commissioning Group, NHS England, East of England Ambulance Service NHS Foundation Trust, and GP Surgeries.</p>
4.10	<p>Complaints requiring comprehensive investigation</p> <p>Serious Incidents During 2018/19, the Trust received 3 formal complaints that were subsequently investigated as Serious Incidents, 5 that were being investigated as a Serious Incident at the time it was received, and 2 complaint related to an incident that had previously been investigated as a Serious Incident.</p> <p>Clinical Reviews 2 formal complaints were escalated to Clinical Reviews during 2018/19. Both of which related to District Nursing care, one related to palliative care and the other related to catheter care.</p> <p>Safeguarding 6 of the 207 formal complaints investigated were deemed to have safeguarding elements and had involvement from safeguarding. The possible need for safeguarding review is considered when each complaint is reviewed, and whether a safeguarding referral and investigation was required on each complaint.</p>
5.	<p>LEARNING LESSONS AND ACTIONS ARISING FROM COMPLAINTS</p>
	<p>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 with the service to address the recommendations made by the Investigating Manager. Examples of recommendations and actions taken are below.</p> <p>Quality of Care – dissatisfaction with psychiatric treatment <i>Complaint regarding the delay in a patient’s CT head scan results being reviewed.</i></p> <p>Recommendations and actions taken:</p> <ol style="list-style-type: none"> 1. The team introduced a system to monitor and manage breaches in the four week receipt of the CT scan results. A database has been implemented which identifies those requests that have breached and ensures early escalation to the advanced practitioner for follow up. <p>Access to Services – lack of service <i>Complainant was unhappy with the system for accessing community clinical staff.</i></p> <p>Recommendations and actions taken:</p> <ol style="list-style-type: none"> 1. The Admin Hub has created a standard operating procedure for administration and clinical staff for the process and timeframes for responding to allocated tasks and patient contact requests. <p>Access to Services – referral/assessment waiting time <i>Complaint regarding the delay in a child’s referral to continence services and access to appropriate services.</i></p> <p>Recommendations and actions taken:</p>

	<ol style="list-style-type: none"> 1. To establish stronger links between the school nursing service and the Continence service so that the Continence Aid home delivery service can progress more smoothly for patients and carers. Regular meetings to be held between the services to ensure ongoing communication and early resolution of issues. 2. School nursing to develop standard operating procedure on their role within nappy assessments to ensure clarity of role and remit of assessment and ordering of products.
6.	OMBUDSMEN
6.1	<p>Parliamentary and Health Service Ombudsman (PHSO)</p> <p>The role of the PHSO is to investigate where the complainant remains unhappy with the outcome and conclusion of their complaint investigation by the NHS provider. The PHSO will investigate complaints about services received from the NHS if they are not resolved to the complainant's satisfaction locally with the NHS provider. In doing this the PHSO will review the complaint file and clinical records of the patient and will produce a report detailing what, if any, learning they have identified and any recommendations the Trust should consider.</p> <p>During 2018/19, the Trust had initial contacts for 7 cases including requests for the complaint files and/or clinical records, or further information. Of these 7 at the time of writing the report:</p> <ul style="list-style-type: none"> • 1 was withdrawn by the complainant. • 1 was not taken on as the Trust had not exhausted local resolution. • 1 was not taken on for investigation as the PHSO saw no evidence to suggest the Trust acted incorrectly, and no further action was required. • 1 was not taken on for investigation as the Trust are addressing the concerns through the litigation route. • 2 are being reviewed by the PHSO to determine if they will be completing an investigation. • 1 related to a historical Serious Incident but the Trust have not received any further communication from the PHSO. <p>A PHSO Final Report was received relating to a disagreement with diagnosis and the care and treatment received in the community and was deemed to be not upheld.</p>
6.2	<p>Local Government and Social Care Ombudsman (LGSCO)</p> <p>The LGSCO and PHSO have introduced a new process for investigating complaints about both health and social care services. These complaints are now investigated by a single team based in the LGSCO's office, acting on behalf of both Ombudsmen.</p> <p>In 2018/19, the Trust has been involved in one new case from the Joint Working Team involving Cambridgeshire County Council, and the Occupational Therapy service. Both organisations have provided their complaint files and clinical records to the Joint Working Team. The investigation outcome was not upheld.</p> <p>During this period the Trust also received the report closing the case reported in 2017/18. The investigation report made recommendations for Cambridgeshire County Council to action, but found no failings on the part of the Trust.</p>
7.	COMPLAINTS SATISFACTION SURVEY
	<p>The Complaints Satisfaction survey was developed and implemented from 1 October 2015. The satisfaction survey is used to gather feedback from complainants on their view of how their complaint was managed, the overall complaints procedure, and the contact they had from staff during the complaints process. The feedback gathered will be used to improve the complaints function within the Trust, and identify any areas that require improvement.</p> <p>Between 1 April 2018 and 31 March 2019, approximately 210 surveys and self-addressed envelopes were sent to complainants with their response and 30 were returned.</p>

	In the majority of cases the complainant was happy with the complaints procedure but the majority were not happy with the response to their concerns or the length of time for their complaint to be responded to. This is a similar trend to the previous two financial years. The improvement on response times will continue to be a priority for 2019/20.
8.	EXTERNAL VISIT
	<p>The Patient Safety and Complaints Team undertook a visit at Northamptonshire Healthcare NHS Foundation Trust, who were rated as Outstanding by the CQC, to review their internal governance processes and to share practice.</p> <p>Following this visit, the Complaints Team will be undertaking a concerns and complaints pathway review alongside key stakeholders to improve the Trust's responsiveness to complaints and efficiency for the clinical teams who complete the investigations. This process review will be completed as a quality improvement project within the Trust.</p>
9.	KEY PRIORITIES AND IMPROVEMENTS FOR 2019/20
	<p>The key priorities and improvements for the Complaints Team are:</p> <ol style="list-style-type: none"> 1. To implement the standard NHS England Complaints Satisfaction Survey. 2. To continue to develop various ways of sharing the themes and learning from complaints both internal and external at directorate level and trust wide. 3. To work with Directorates to improve the response times for complaints and review the process to enable more timely responses to complaints. 4. To review the quality of action plans to improve the embedding of learning. <p>These priorities have been identified through a robust review of the areas within the complaints management process that require improvement and following the visit to Northamptonshire Healthcare NHS Foundation Trust. The priorities will be developed into a Complaints Work Plan; which will be submitted for monitoring and review to the Patient Safety Group on a quarterly basis.</p>
10.	RECOMMENDATIONS
	The Quality, Safety and Governance Committee is asked to approve this report.