

BOARD OF DIRECTORS MEETING

REPORT

Subject:	Complaints Annual Report 2015/16
Date:	18 April 2016
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Lead Director:	Melanie Coombes, Director of Nursing and Quality

Executive Summary:

- **Details of the formal complaints activity across from Trust**
The number of complaint received has increased by 24 compared to 2014/15 (n=161). The response time for complaints was changed on 1 April 2015 from 25 to 30 working days. The average response time for the Trust has seen a significant decrease from 70 working days in 2014/15 to 45 working days in 2015/16.
- **Cambridgeshire and Peterborough Clinical Commissioning Group's Thematic Review**
The Trust received the report in June 2015 which was complementary to both the Complaints Department and Patient Advice and Liaison Service. The report made one recommendation for the complaints leaflet to be reviewed in order to reduce the number of times the word complaint was mentioned. The leaflet has been revised and published on the Trust's website.
- **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 (PHSO)**
The Trust has received four PHSO requests in 2015/16, and one from the Local Government Ombudsman.
- **Complaints Department's key priorities for 2016/17**
Utilisation of the Datix Complaints Web Module management of complaints, learning lessons and full implementation of action plans, continuing to improve the response times for complaints and communication about delays.

Recommendations:

- Members of the QSG committee are requested to discuss and comment on the content of this annual report.

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 2015 to 31 March 2016

1. Purpose

This annual report provides an overview of formal complaints management and complaints activity within the Trust between 1 April 2015 and 31 March 2016. It highlights the key developments implemented in 2015/16 and sets out the key priorities for 2016/17.

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. 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.

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 Head of Patient Safety and Complaints, who has responsibility for the Complaints Department, the Complaints Officer, who

operationally manages the Complaints Department, and a Complaints Co-ordinator, who provides administrative support to the department which has been vacant throughout 2015/16.

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 the Trust and the Parliamentary Health Service Ombudsman, Local Government Ombudsman and other organisations.

All complaints are reviewed by the Complaints Officer in discussion with the Head of Patient Safety and Complaints 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 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.

4. Priorities implemented and improvements made in 2015/16

Integration of adult and older people services – The complaints relating to the Adult and Older People's services from Cambridgeshire Community Services that were integrated with the Trust have been managed in line with the Trust's policy since 1 April 2015. The Complaints Department incorporated these complaints into the Trust's reporting internal and external mechanisms from 1 April 2015.

Complaints categories – The Complaints Department introduced revised complaints categories and sub-categories from 1 July 2015 on Datix, the Trust reporting system for complaints with the recommendation for the Patient Advice and Liaison Service to also utilising these categories to enable triangulation and analysis of formal complaints and concerns. The revised categories took into account the integration of the Adult and Older People's services with the current mental health services being provided by CPFT. All complaints received from 1 April 2015 have been recorded using the revised subject categories.

Complaints outcome – The Trust introduced the use of the outcome code 'undetermined' as of 1 April 2015 which has provided the Trust with a clearer view on the number of complaints that could not be evidenced as upheld or partially upheld, and will remain an outcome in 2016/17.

The Datix Complaints web module was implemented in August 2015 and is currently being utilised to improve data collection and record keeping and allows for the Complaints Department to record specific information e.g. the progress of joint complaints, when consent was requested to share etc.

The Complaints Satisfaction Survey was launched on 1 October 2015 to collect feedback from complainants on how they felt the service managed their complaint. This is being managed internally which includes the data collection, as agreed by the Board as result of the financial implications for utilising the Healthwatch Cambridgeshire survey service.

Due to reduced capacity and resources within the both the Patient Safety Team and Complaints Department, the following priorities have not been taken forward this year, but have been carried over to 2016/17:

- 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.

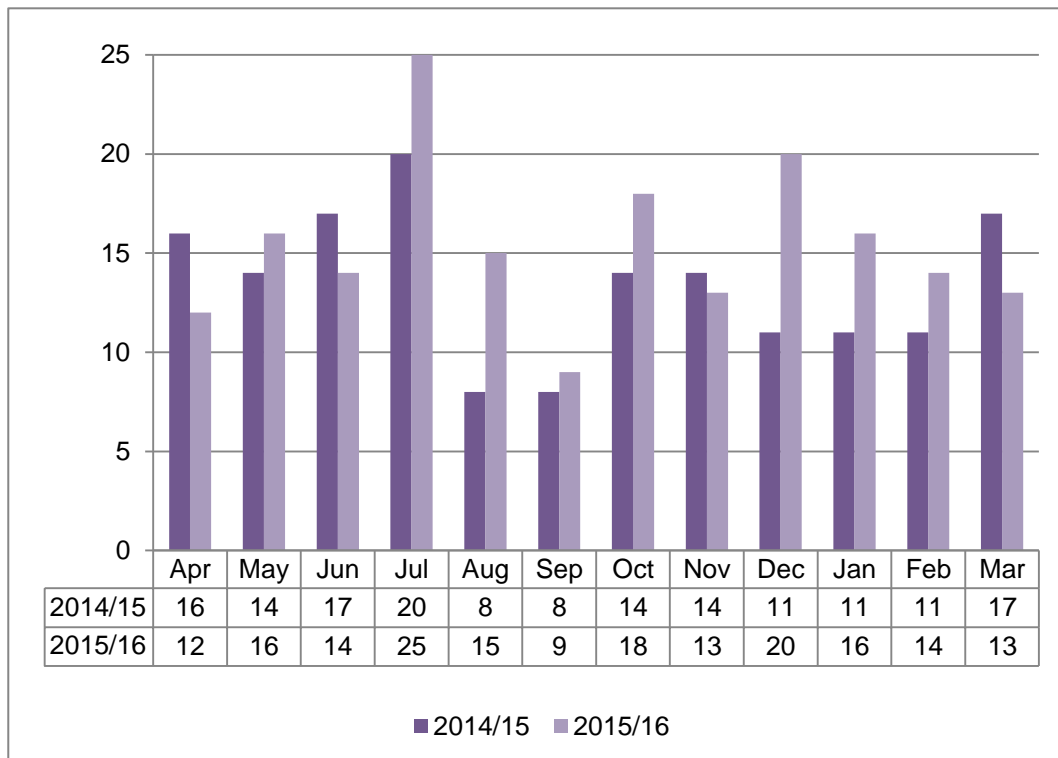
The Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) undertook a 'Themed Review for the Management of Concerns and Formal Complaints' on Monday, 23 March 2015. The aim was to review the process and procedures within each organisation, to identify areas of best practice and those which may require improvement. The Trust received the report in June 2015 which was complementary to both the Complaints Department and Patient Advice and Liaison Service. The CCG recommended the complaints leaflet was reviewed to reduce the number of times the word complaint was mentioned. The leaflet has been revised and published on the Trust's website.

5. Complaints Activity

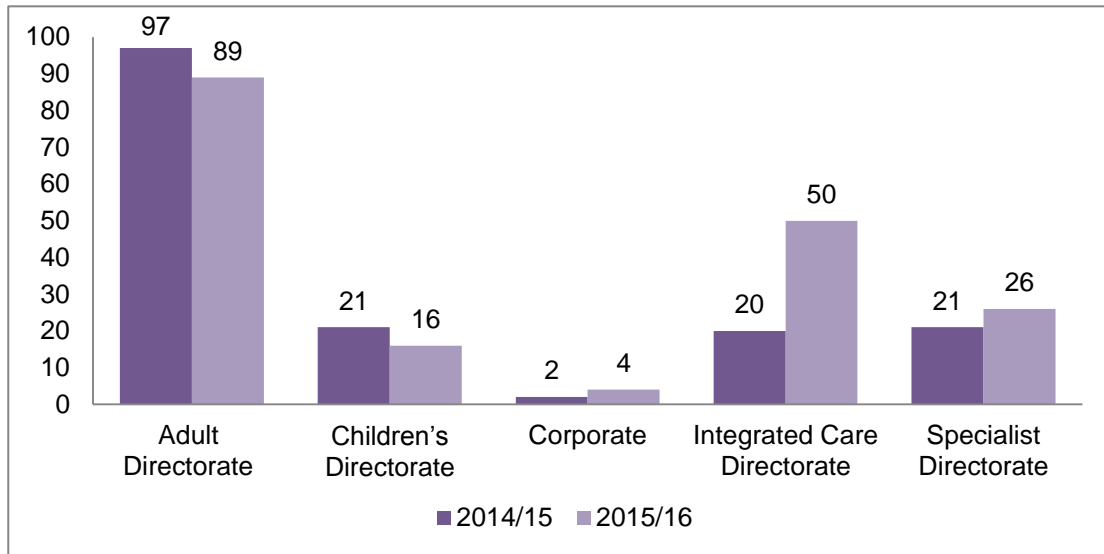
5.1. Number of Complaints Received

The Trust received 185 formal complaints between 1 April 2015 and 31 March 2016. This compares to 161 for the same period in 2014/15.

This graph shows the number of formal complaints received in 2015/16 by month compared to 2014/15:



The graph below shows the number of formal complaints received by Directorates in 2015/16 compared to 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 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 2015/16, there were 6 formal complaints that had elements involving social care (Peterborough – 2, and Cambridge – 4).

The Complaints Department started recording the number of complaints with social care elements in February 2015. The implementation of the Datix web Complaints module has allowed for easier and more accurate recording of the involvement of other organisations in formal complaints.

The Complaints Officer now attends quarterly review meetings with Cambridgeshire County Council's Adult Social Care Complaints Department. This allows for the services to review complaints, and discuss the challenges of, and improvements to the process.

Joint complaints with other organisations

There were fourteen complaints registered in 2015/16 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.

Five of the joint complaints involved Addenbrookes Hospital, of which 2 related to the Liaison Psychiatry Department, one related to the Eating Disorder Community Service and a ward in the Cavell Centre. All of the complaints have been investigated and were found to be not upheld.

Hinchingsbrooke Hospital was involved in two complaints of which one related to Liaison Psychiatry and the second to the Older People's Therapy Service in Huntingdon. Both complaints have been investigated and were found to be partially upheld. One related to care provided to care provided by the liaison service and the second relating to a discharge to our services following surgery.

Four of the joint complaints involved Peterborough City Hospital; two related to Liaison Psychiatry, one involved the Crisis Resolution and Home Treatment Team, and the fourth regarding a ward in the Cavell Centre.

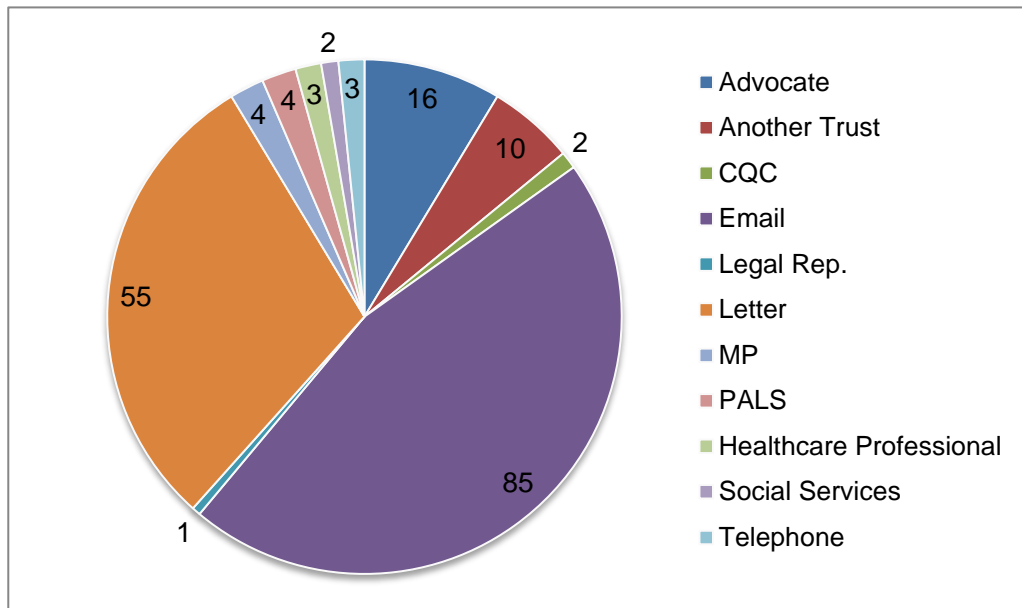
One joint complaint involved Queen Elizabeth House and an intermediate care ward; which has been investigated and found to be partially upheld. One joint complaint related to MIND in Cambridge which is currently still under investigation.

The Complaints Department has also coordinated the completion of a multi-agency complaint involving NHS England, Cambridgeshire and Peterborough Clinical Commissioning Group, and Peterborough City Hospital. This complaint related to the transition between child and adult mental health services and the availability of specialist inpatient units for complex cases, and at the time of writing this report was still under investigation.

5.2. Method of making Complaints

The majority of complaints were received via email (n=85) followed by letter (n=55), and telephone (n=3). Complaints were also received via other sources including Advocates (n=16), another Trust (n=10), PALS (n=4), Members of Parliament (n=4), another Healthcare Professional (n=3), Care Quality Commission (n=2), Social Services (n=2), and Legal Representatives (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 97% of complaints and reopened complaints within this timeframe; which is an increase from 2014/15 (n=90%).

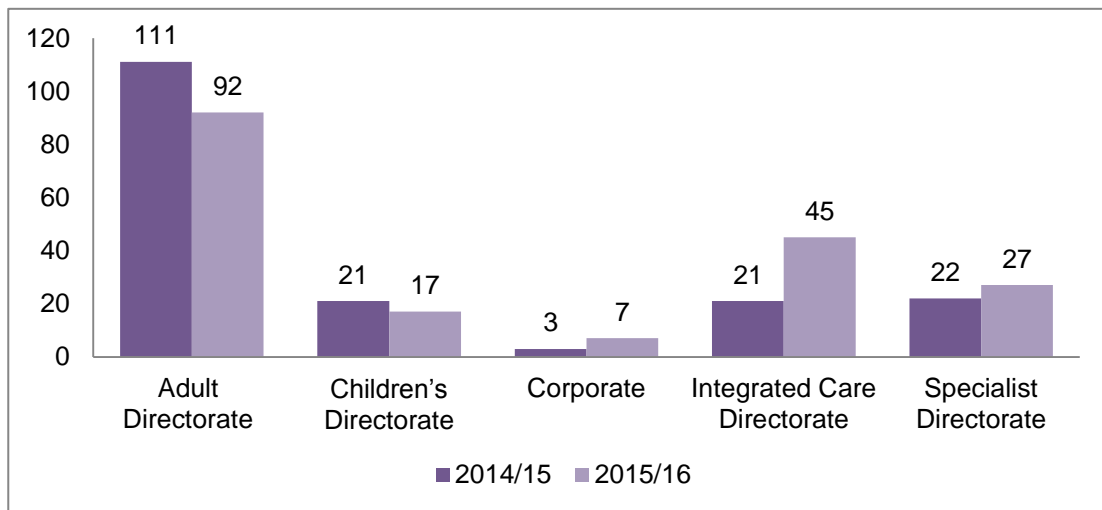
The Complaints Department are continuing to work to achieve 100%. To improve the acknowledgement rates and ensure this requirement is complied with the team are sending interim acknowledgement letters and emails when it is unclear as to whether

the complaint sits with CPFT, or the complainant has not provided sufficient demographic identifiers to register the formal complaint.

5.4. Closed Complaints

The Trust closed 188 formal complaints between 1 April 2015 and 31 March 2016, compared to 178 in 2014/15. At the time of writing this report the Trust had 23 complaints open from 2015/16. Of the 23, 13 complaints were past the 30 working day response timeframe. 2 were being investigated as Serious Incidents and 1 was a Safeguarding Investigation. 5 have agreed extensions with the complainant.

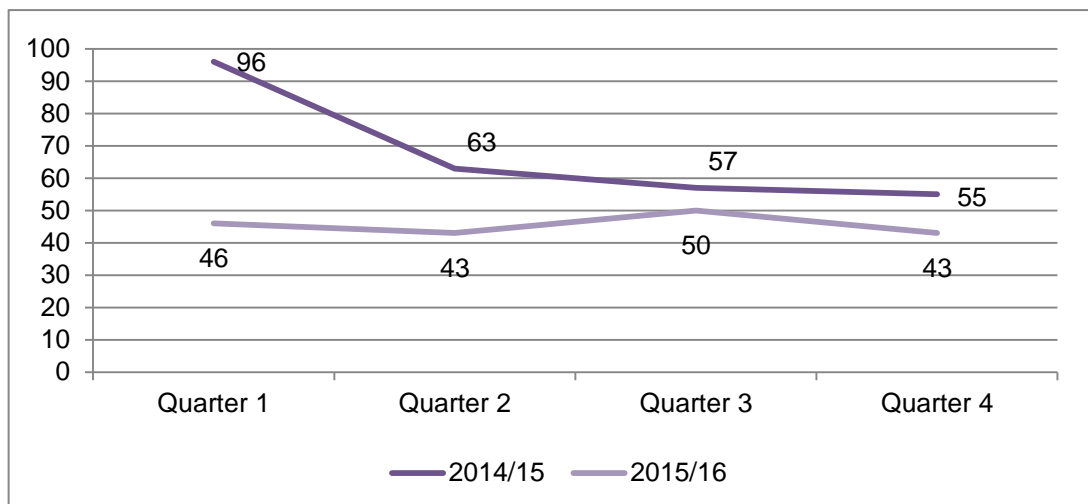
The graph below shows the number of formal complaints closed by Directorate in 2015/16 compared to 2014/15:



5.5. Response Rates

The Trust aims to respond to complaints within 30 working days. The average response rate across the Trust for 2015/16 was 45 working days which is a significant improvement on 2014/15 (70 working days). The average is based on the response rates for the 207 formal complaints closed between 1 April 2015 and 31 March 2016.

The Trust's average response time by quarter has seen a significant decrease. Below is a graph showing the Trust's average response time by quarter for 2015/16 compared to 2014/15.



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

Directorate	Responses	Average Response time (days)
Adult Directorate	102	46
Children's Directorate	18	39
Corporate Directorate	6	74
Integrated Care Directorate	49	40
Specialist Directorate	32	49
Trust	207	45

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.

It has been challenging getting Investigating Managers to liaise and agree extensions with the complainants. The Complaints Department and Directorate Heads of Nursing are requesting Investigating Managers discuss and agree extensions with complainants when it becomes apparent there may be a delay in the response being sent. The Complaints Department are planning to utilise the Datix Complaints web module to record the dates of the agreed extension and the reason the response has taken over 30 working. This information will enable targeted training to be provided about what is best practice for complaints investigations and the Trust's complaints procedure.

5.6 Complaint Outcomes

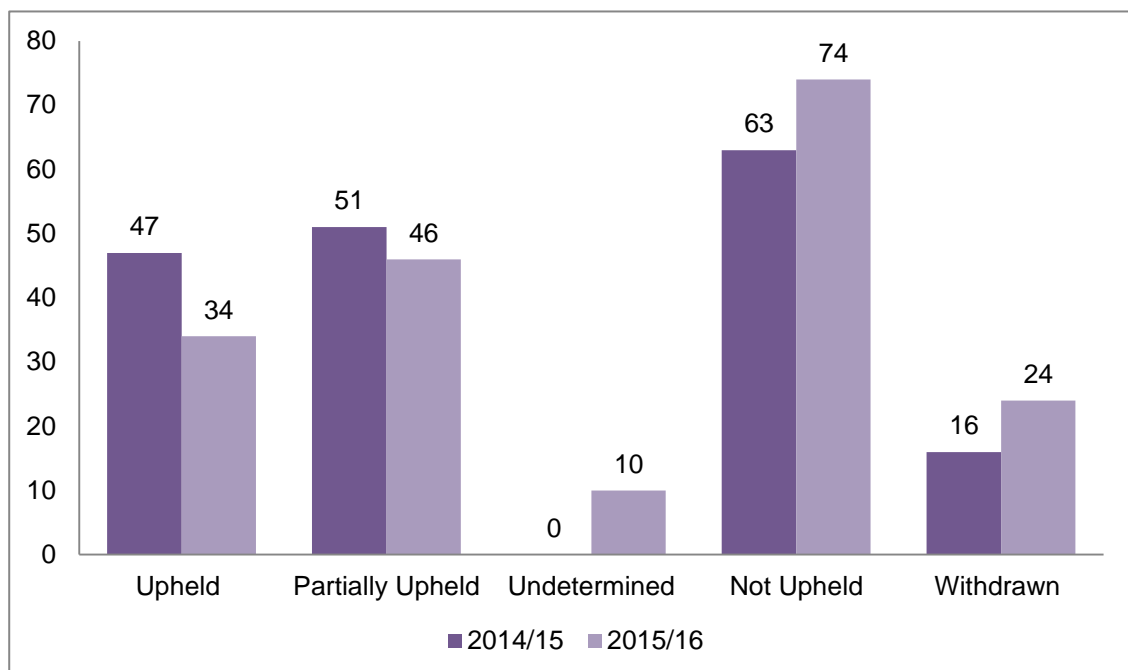
The Trust categorises complaints into five outcome codes:

- 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)

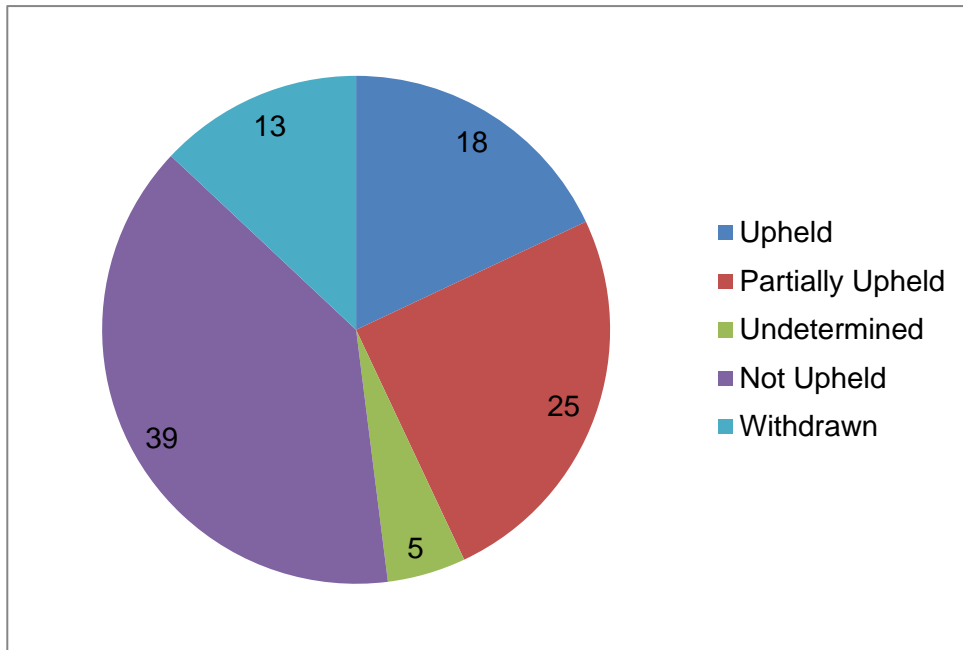
The Trust introduced the 'undetermined' outcome code as of 1 April 2015. This provides the Trust with a clearer view on the number of complaints that could not be evidenced as upheld or partially upheld.

Of the 188 complaints closed during 2015/16, 34 complaints were found to be upheld, 46 were partially upheld, 10 were undetermined, 74 were not upheld and 24 were withdrawn.

The below graph shows the number of complaints by outcome category for 2015/16 compared to 2014/15.



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 and the outcome categories.

Directorate	Closed	Upheld	Partially Upheld	Undetermined	Not Upheld	Withdrawn
Adult Directorate	92	12	23	4	37	16
Children's Directorate	17	7	3	0	6	1
Corporate Directorate	7	3	2	1	0	1
Integrated Care Directorate	45	9	11	2	20	3
Specialist Directorate	27	3	7	3	11	3
Total	188	34	46	10	74	24

5.6. Re-opened Complaints

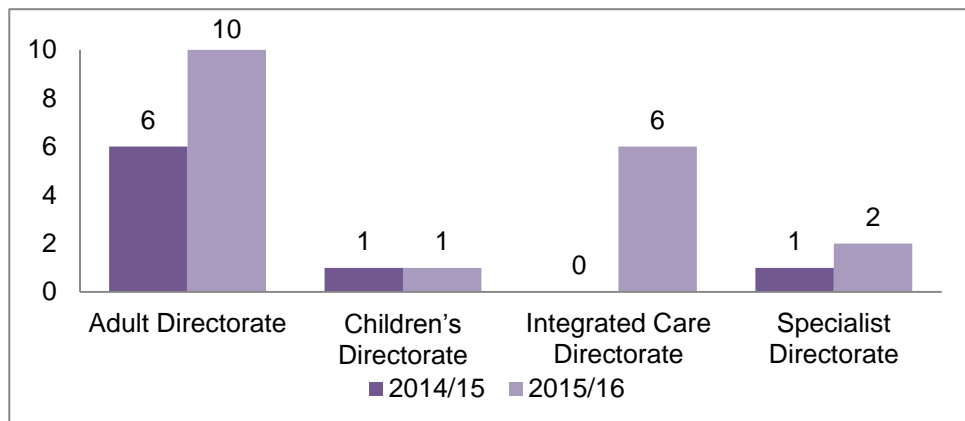
If a complainant is unsatisfied with the response provided by the Trust and they believe there are unresolved issues, the Complaints Department may reopen their complaint following review of the letter, investigation report and whether the elements have been addressed already.

During 2015/16 the Complaints Department re-opened 19 complaints which in comparison to the number of formal complaints registered the re-open rate is 10%. This is an increase from 2014/15 where 8 complaints were reopened, and the re-open rate was 5%.

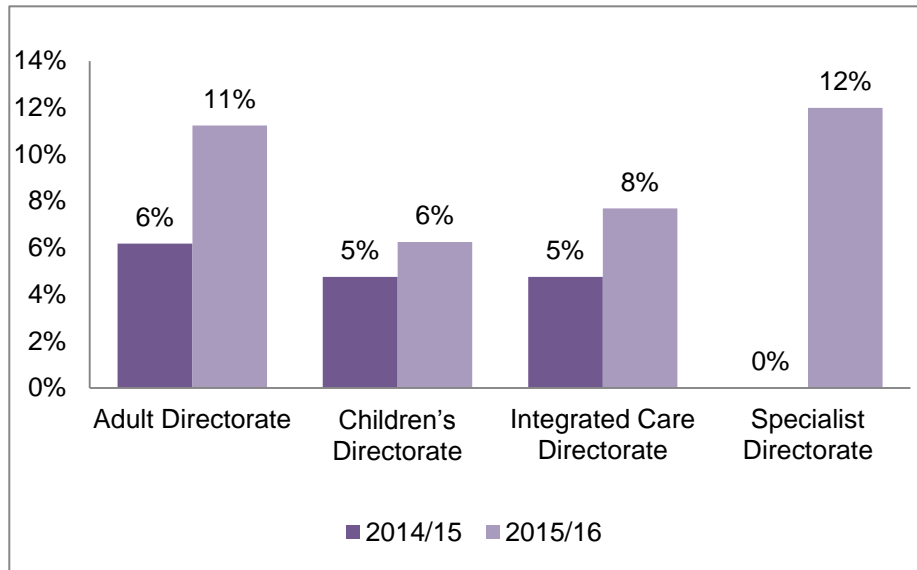
Although the re-open rate has increased, the low number demonstrates the complaint responses are robust and provide the complainant with a thorough response to their concerns.

The Investigating Managers meet with or speak to the complainants to discuss their complaint 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 which reduces the number of re-opened complaints.

The graph below shows the number of formal complaints re-opened by Directorate in 2015/16 compared to 2014/15:



The graph below shows the re-open rate by Directorate in 2015/16 compared to 2014/15:



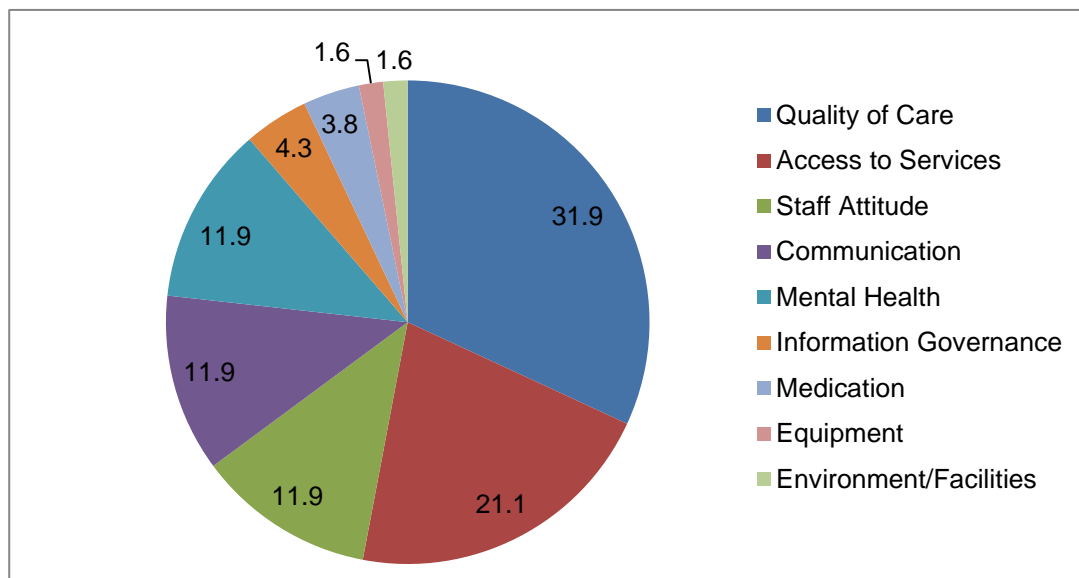
5.7. Complaint Subjects and Themes

The top five complaints subjects in 2015/16 are detailed below:

- Quality of Care
- Access to Services
- Mental Health
- Communication
- Staff Attitude

There is no comparable data available for complaints subject from 2014/15. The subject categories were revised from 1 April 2015 in line with the KO41a reporting categories and the integration of Adult and Older People's physical health services.

The graph below shows the percentage of formal complaints by subject in 2015/16:



The themes throughout 2015/16 related to communication from staff with service users, relatives and carers. A perceived lack of care, support and treatment within the community mental health services in particular waiting times for community services including delays in appointments, assessments and treatment, specifically access to the community personality disorder service amounted to common themes. Additionally, delays and accuracy of assessment reports, care plans, discharge arrangements from intermediate care wards; including risk assessments, equipment being available, and a lack of communication were also concerns raised. Finally, there has been an increase in the number of complaints relating to transition between child and adult mental health services of which the Chief Operating Officer has established a Transition group to take forward associated improvement actions

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 with the service to address the recommendations made by the Investigating Manager. Examples of recommendations and actions taken are below.

Quality of Care

Complaint regarding a perceived lack of care, understanding and treatment in the community. Complainant felt they had not been offered the opportunity to discuss their new diagnosis and previous diagnoses. Complainant's care coordinator was changed but were left without support for sometime.

Recommendations and actions taken:

1. Complainant offered an appointment with a member of the medical team to discuss both their current diagnosis and previous history if required.
2. Clear process to be developed/implemented for the transfer of care co-ordination.

Communication

Complaint regarding a lack of communication from community services and during their relative's inpatient admission. Complainant was made to wait two and half hours to speak to the ward consultant, and the nursing staff appeared to be unaware of when the ward rounds occurred.

Recommendations and actions taken:

1. Improved communication between the referral service and General Practices surrounding their roles and procedures for assessment. Team manager to review leaflets and ensure that General Practices are clear about their roles and responsibilities.
2. Timetable put in place to advise staff on the ward about when the ward rounds occur and for signposting relatives. The timetable is now available on the ward.

Access to Services

Multiple complaints received regarding the length of time between the referral and the child being assessed by the service.

Recommendations and actions taken:

1. For waiting lists to be actively triaged to ensure children are seen in order of need. Children are now seen by the service within 18 weeks.
2. Standard letter sent to families detailing avenues of support that can be accessed during period between referral and assessment.

Transition from child to adult services

Complaints relating to a lack of service for 17 year olds. Concerns in delays in transition being commenced and progressed, delays in assessments and outcomes for adult services, and concerns regarding joint care planning.

Recommendations and actions taken:

The majority of the recommendations are being taken forward by the Transitions Group.

1. Training package to be developed for staff regarding the transition protocol.
2. Transition liaison to be considered for all adult and children's community services.

7. Parliamentary Health Service Ombudsman (PHSO)

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.

During 2015/16, the PHSO requested complaint files and/or clinical records for four cases. Of these four, one complaint is still under investigation by the PHSO which relates to the Adult Directorate, and one relating to Older People's Directorate was not taken forward by the PHSO. The Trust has received the final report and outcome for a case relating to the handling of complaint which was determined as not upheld. The final report and outcome for the fourth case relating to the Adult Directorate has been received which was deemed as partially upheld; an apology letter has been sent to the complainant and patient, and an action plan is to be developed to address areas of learning and improvement identified by the PHSO.

During this period the Trust has also received a PHSO report closing a case reported in 2014/15. The PHSO determined this complaint as partially upheld and related to Children's Services. As a result of the investigation, the PHSO made three recommendations;

- For the Trust to ensure they have informed local commissioners of the long waits for Child and Adolescent Mental Health Services (CAMHS),
- For CAMHS to ensure when long waits are identified, families are signposted to other services,
- Community Paediatricians to ensure that patient's are reviewed and appropriately responded to with an outcome.

Of these, action one and two had already been implemented prior to the investigation

being closed. The evidence has been requested for action three before the action plan can be signed off as complete.

8. Local Government Ombudsman (LGO)

The role of the LGO is to provide the final stage for complaints made against councils and adult social care providers. The LGO provide a free and independent complaints investigation service. The LGO like the PHSO review the complaint file and any relevant records, and produce a report detailing their findings and any recommendations.

In 2015/16, the Trust has been involved in one case from the Local Government Ombudsman involving Cambridgeshire County Council and the Adult Directorate. Both organisations have provided their complaint files and clinical records to the LGO. The investigation outcome and final report for this case has not been received yet.

During this period the Trust has also received two LGO report closing cases reported in 2014/15. The first investigation report recommended the Trust complete a Mental Capacity Act assessment and then reviews the appropriateness and authority of restrictions being placed on the complainant to have contact with their relative. The second investigation report did not identify any actions or recommendations for the Trust.

9. Complaints Satisfaction survey

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.

Between 1 October 2015 and 31 March 2016, 84 surveys and self-addressed envelopes were sent to complainants with their response and 16 were returned. In the majority of cases the complainant was happy with the complaints procedure and the response to their concerns.

The Complaints Department plan to work with the Patient Experience Team to develop a complaints satisfaction feedback system that is easily accessible to complainants in a variety of formats, and makes use of the current patient survey system within the Trust.

10. Key Priorities and Improvements for 2016/17

The key priorities and improvements for the Complaints Department are:

- To work with the Equality and Diversity lead to develop a data collection strategy for monitoring service accessibility for protected characteristics.
- To roll out of Complaints Investigation training to senior staff across the Trust including those staff that moved into CPFT as part of the integration on 1 April 2014.
- To develop and utilise the Datix Complaints web module to record and monitor extensions and delays in complaint responses. Reviewing this data to provide targeted training on what is best practice for a complaints investigation and the

Trust's complaints procedure.

- To further develop the action plan protocol and utilise the action module and functions within Datix.
- To work with the Patient Experience Team to develop a complaints satisfaction feedback system that is easily accessible to complainants in a variety of formats, and makes use of the current patient survey system within the Trust.
- To develop an internal webpage for staff to access information and guidance regarding internal and external complaints management, investigation processes, and best practice guidance.
- To continue to work to reducing the average response times for the Trust, and improve communication about delays with complainants.

These priorities have been identified through a robust review of the areas within the complaints management process that require improvement. The priorities will be developed into a Complaints Work Plan; which will be submitted for monitoring and review to the Patient Safety and Clinical Risk Group on a quarterly basis.