

BOARD OF DIRECTORS MEETING IN PUBLIC

REPORT

Subject:	Complaints Annual Report 2016/17
Date:	24 May 2017
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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 in 2016/17 was 174. This is a decrease of 11 compared to 2015/16 (n=185).

The average response time for the Trust has seen a slight decrease from 45 working days in 2015/16 to 41 working days in 2016/17. 29% of responses were sent within 30 working days but 29% were sent outside of this timeframe without an agreed extension.

During 2016/17 10 complaints were reopened accounting for a reopen rate of 5.7%. This is a decrease from 2015/16 where 19 complaints were reopened (10% reopen rate).

- **Potential complaints, and the interface with the Patient Advice and Liaison Service (PALS)**

The Complaints Department dealt with over 64 potential complaints during 2016/17, and worked with PALS to resolve over 70 concerns and informal complaints.

- **Priorities implemented and improvements made in 2016/17**

Complaints Investigation training was launched in January 2017. Six training sessions have been held in 2017 and a total of 68 staff members have attended. There has been some improvement to the quality of the investigation pack and compliance with the policy.

- **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 Ombudsmen**

The Trust has received six PHSO requests in 2016/17, and one from the Local Government Ombudsman.

- **Complaints Department's key priorities for 2017/18**

To further develop the action plan protocol and utilise the action module and functions within Datix. To continue to develop and amend the complaints training package, and continue to deliver complaints handling training to ensure that investigations are proportionate and fair.

Recommendations:

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

Relevant Strategic Goals and Objectives (please mark in bold)	
<p>The development, commissioning and implementation of a new integrated service strategy from April 2016: We will work with patients, carers and key stakeholders to change our services to deliver innovative, integrated person centred care and support that represents the highest possible standards in safety, effectiveness and personal experience of our services.</p>	
<p>The design, development and implementation of the future CPFT workforce: Our staff will be a highly engaged, well trained, flexible and productive workforce who are able to deliver more at better value</p>	
<p>Maximising the contribution of IT and the Trust estate: We will develop highly innovative and effective ways to use technology and the Trust estate in support of person-centred care and maximising the financial benefit for CPFT</p>	
<p>A commercial and financial sustainability strategy: We will ensure sustainable services through delivery of a financial strategy based on increased cost effectiveness, value for money, growth and investment by 2019</p>	
Links to BAF / Corporate Risk Register	N/A
Details of additional risks associated with this paper <i>(may include CQC Fundamental 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 2016 to 31 March 2017

1. Purpose

This annual report provides an overview of formal complaints management and complaints activity within the Trust between 1 April 2016 and 31 March 2017. It highlights the key developments implemented in 2016/17 and sets out the key priorities for 2017/18.

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.

The Complaints Department manages the complaints procedure, liaises with complainants and Investigating Managers, and produces 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 2016/17

Monitoring service accessibility for protected characteristics – the Complaints Department have worked with the Trust's Equality Lead to identify what information the service should be capturing and changes have been made to the Datix Complaints web module to enable this. However, due to reduced administrative resource the complaint records for 2015/16 and part of 2016/17 have been not been updated with this information, and so there has not been enough data to complete an analysis of the accessibility of the service at this stage. Undertaking recent process mapping to improve productivity within the team will provide the necessary resource moving forward.

Investigating Managers training was launched in January 2017. Six training sessions have been held in 2017 and a total of 68 staff members have attended. Two training sessions will now be held each month across the localities from May 2017. The feedback from the training has been positive from the staff that have attended.

Following the training there has been some improvement to the quality of the investigation packs, and compliance with the policy in particular agreeing extensions if there are delays in the investigation timeline. However SMART action planning continues to be an area of concern.

Recording and monitoring of extension and delays – the Datix Complaints web module has been developed to enable the team to record when an extension has been agreed, and where within the process there have been delays. For example, delays in the allocation of an investigating manager, the late submission of the investigation pack, delay in the drafting of the response or sign off. This information has been recorded for all complaints opened from 1 April 2016. Due to reduced administrative resource the complaint records for 2015/16 have been not been updated with this information, and so there has not been enough data to identify where targeted training on what is best practice for a complaints investigation and the Trust's complaints procedure is required. Undertaking recent process mapping to improve productivity within the team will provide the necessary resource moving forward.

Action Module of Datix – the action module is currently being cleansed and updated to ensure it is fit for purpose for all modules within the Datix system. This action will remain a priority for the Complaints Department for 2017/18.

The Complaints Satisfaction Survey was launched on 1 October 2015 to collect feedback from complainants on how they felt the service managed their complaint. The Complaints

Department have worked with the Patient Experience Team to utilise the current patient feedback system. The launch of this survey has been suspended as NHS England is currently developing a standard survey for organisations to use.

Internal webpage for staff was developed and launched on 28 June 2016. The webpage provides staff with access to information and guidance regarding internal and external complaints management, investigation processes, and best practice guidance.

Reduction in average response times – the Trust has seen a slight decrease in the response times. A process is being implemented from 1 April 2017 to ensure that Stop the Clocks are recorded are response times are adjusted to reflect the additional timeframes for Serious Incidents, Clinical Reviews, and Safeguarding investigations. The Complaints Department are now utilising Datix to identify where in the process delays are occurring.

Complaints Policy

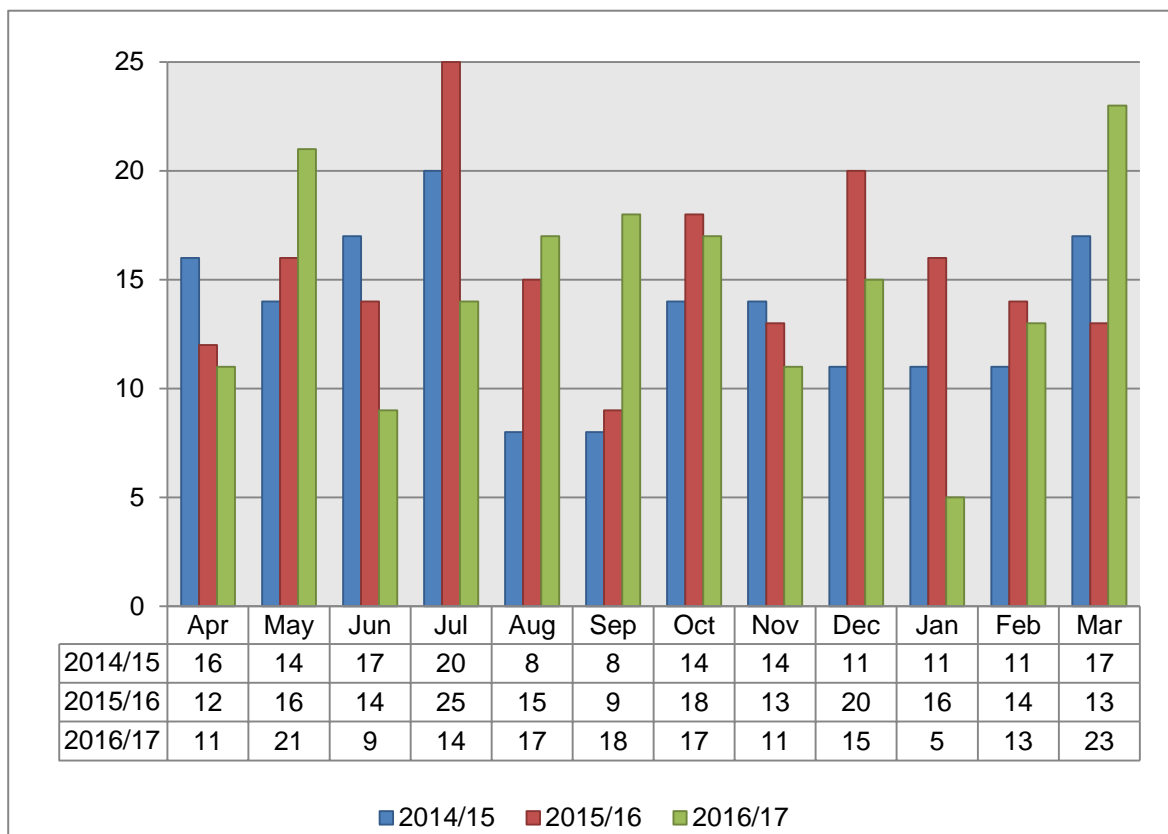
Following a Serious Incident investigation improvements have been made to the complaints process. On registering a formal complaint, when the Director of Nursing is sent a copy of the complaint, the Matron, Service Manager or equivalent is also sent a copy so any immediate clinical actions can take place.

5. Complaints Activity

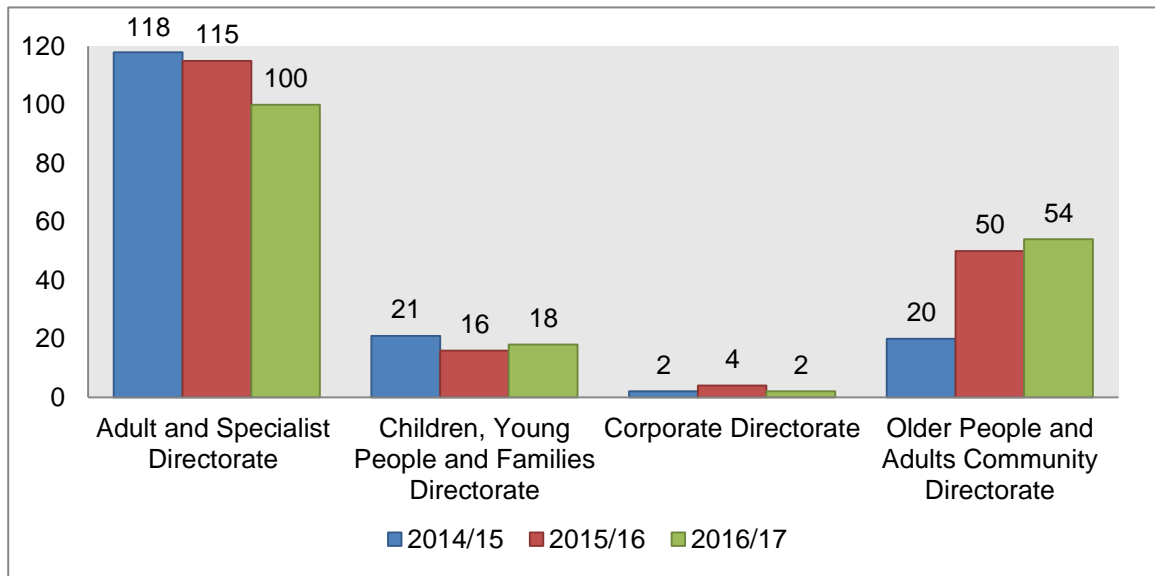
5.1. Number of Complaints Received

The Trust received 174 formal complaints between 1 April 2016 and 31 March 2017. This is a 7.5% increase from the number of complaints received in 2014/15 to 2016/17.

This graph shows the number of formal complaints received in 2016/17 by month compared to 2015/16 and 2014/15:



The graph below shows the number of formal complaints received by Directorate in 2016/17 compared to 2014/15 and 2015/16:



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.

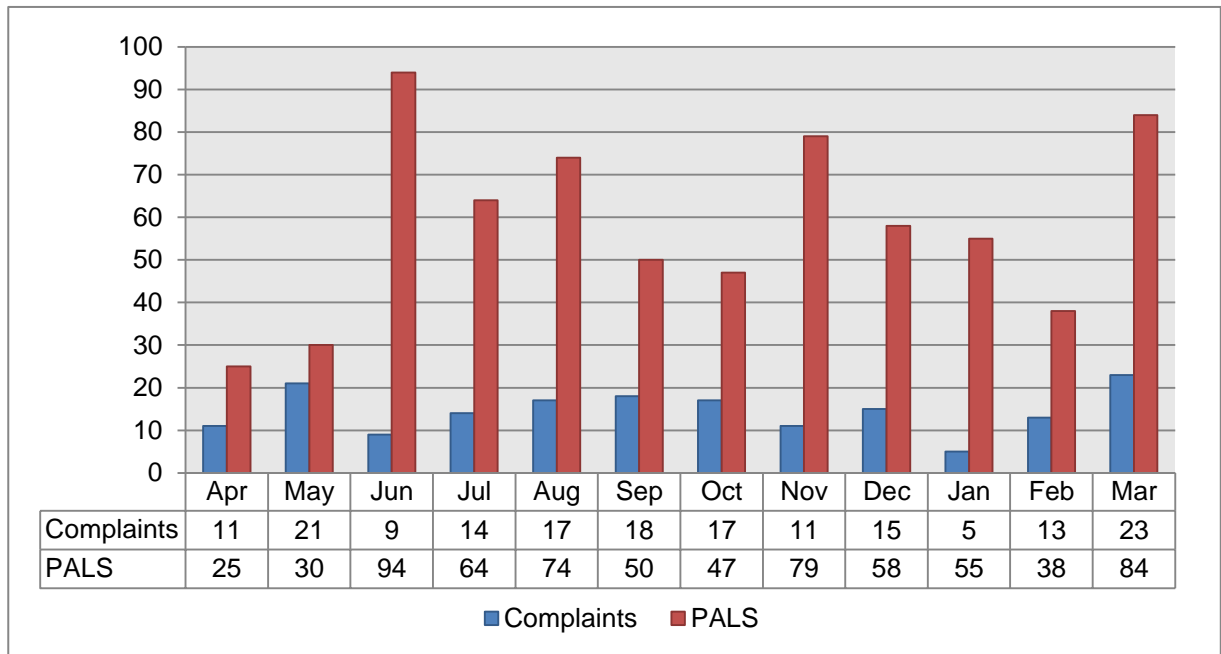
Potential Complaints

During 2016/17 the Complaints Department have dealt with over 64 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 Department work closely with PALS to ensure that where possible complaints and concerns are resolved quickly and to the complainant's satisfaction. During 2016/17 the Complaints Department have worked and liaised with PALS to resolve over 70 concerns and informal complaints.

This graph shows the number of formal complaints received in 2016/17 by month compared to the PALS concerns recorded for the same period:

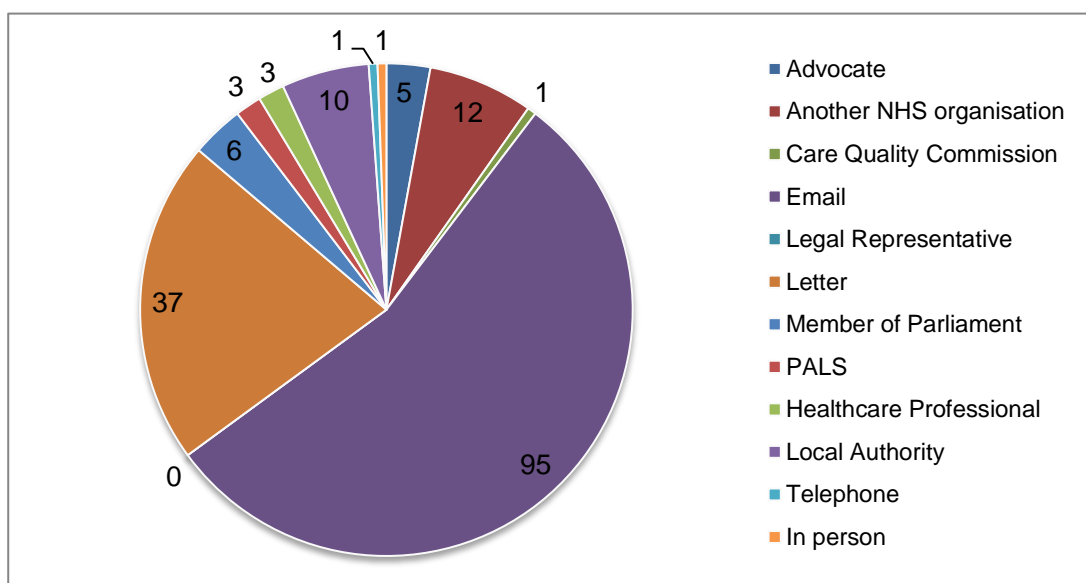


It is noted that when a low number of formal complaints are registered there is an increase in the number of PALS contacts for that month with the exception for January when there was low contact with PALS and a low number of formal complaints, and March where there was significant increase in both PALS contacts and formal complaints.

5.2. Method of making Complaints

The majority of complaints were received via email (n=95) and by letter (n=37). There was an increase in the number of complaints received via email compared to 2015/16 (n=85), and a decrease in letters (n=55), and only 1 complaint being received via the telephone and 1 in person. Complaints were also received via other sources including Advocates which was a significant decrease from 2015/16. Another NHS organisation, Local Authority, Members of Parliament, PALS, another Healthcare Professional, Care Quality Commission, and Legal Representatives.

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



5.3. Acknowledgement Rates

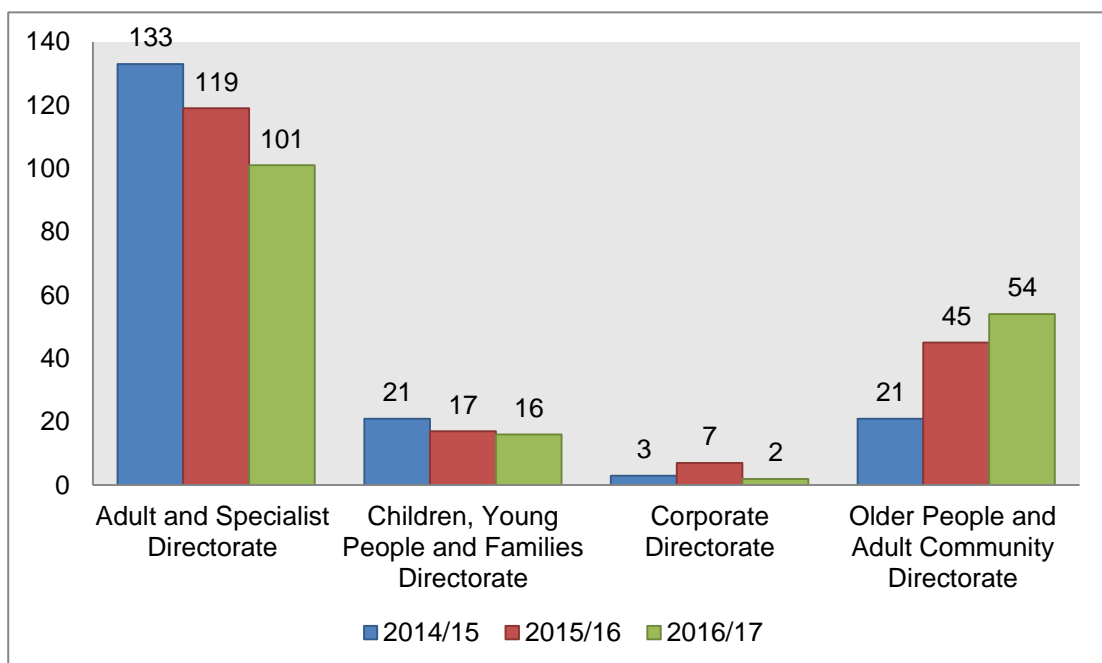
Under the NHS Complaints Regulations 2009 the requirement for acknowledging formal complaints is within 3 working days. The Trust acknowledged 97% of complaints and reopened complaints within this timeframe; which is the same as 2015/16.

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 173 formal complaints between 1 April 2016 and 31 March 2017, which is a decrease from 188 in 2015/16 and 178 in 2014/15. At the time of writing this report the Trust had 31 complaints open from 2016/17. Of the 31, 9 complaints were past the 30 working day response timeframe. 1 was being investigated as a Clinical Review, and 2 had agreed extensions with the complainant.

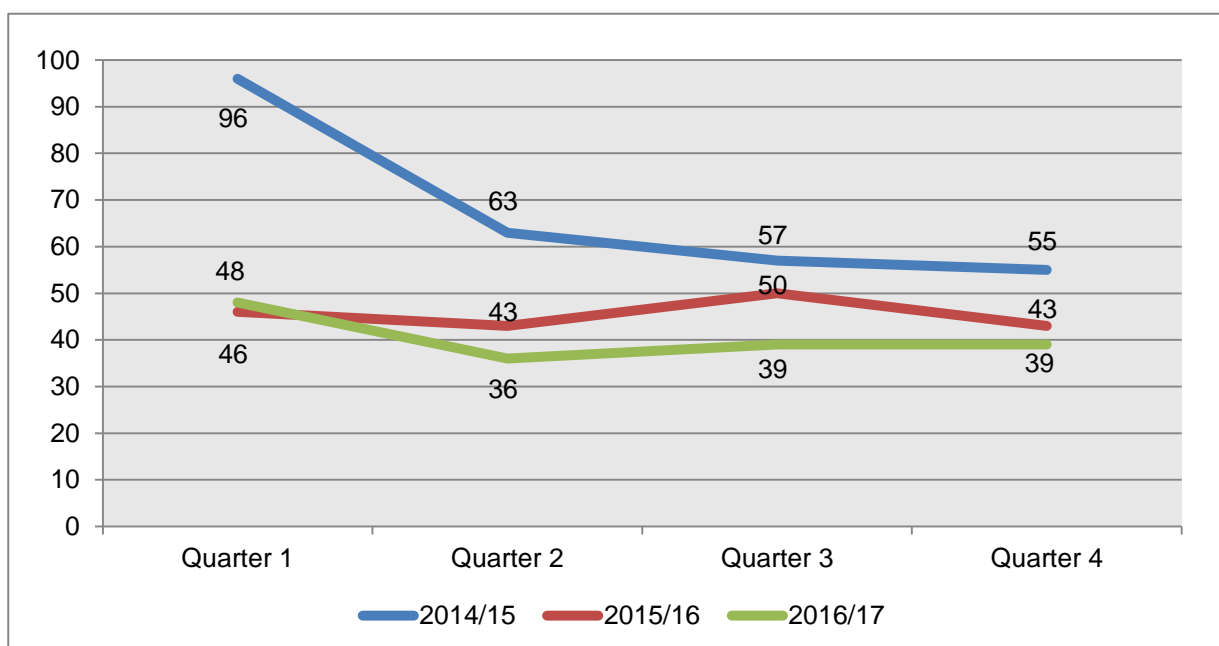
The graph below shows the number of formal complaints closed by Directorate in 2016/17 compared to 2015/16 and 2014/15:



5.5. Response Rates

The Trust aims to respond to complaints within 30 working days. The average response rate across the Trust for 2016/17 was 41 working days which is a slight improvement on 2015/16 (45 working days). The response rate is based on the 188 working days for each formal and reopened response to sent between 1 April 2016 and 31 March 2017.

The Trust's average response time by quarter has seen a decrease. Below is a graph showing the Trust's average response time by quarter for 2016/17 compared to 2015/16 and 2014/15.



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

Directorate	Responses	Average Response time (working days)
Adult and Specialist Directorate	106	43
Children, Young People and Families Directorate	18	37
Corporate Directorate	2	63
Older People and Adult Community Directorate	62	39
Trust	188	41

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 remains a challenge 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 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. Below is the Trust's breakdown of compliance with the timeframe and agreed extensions:

- 29% of responses were sent within 30 working day timeframe
- 8% were not responded as consent was not received
- 6% were withdrawn by the complainant
- 5% were investigated as Serious Incidents, Clinical Reviews or Safeguarding
- 17% of responses were sent within the agreed timeframe
- 6% of responses were sent after the agreed timeframe
- 29% of responses were sent after the 30 working day timeframe without an agreed extension

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

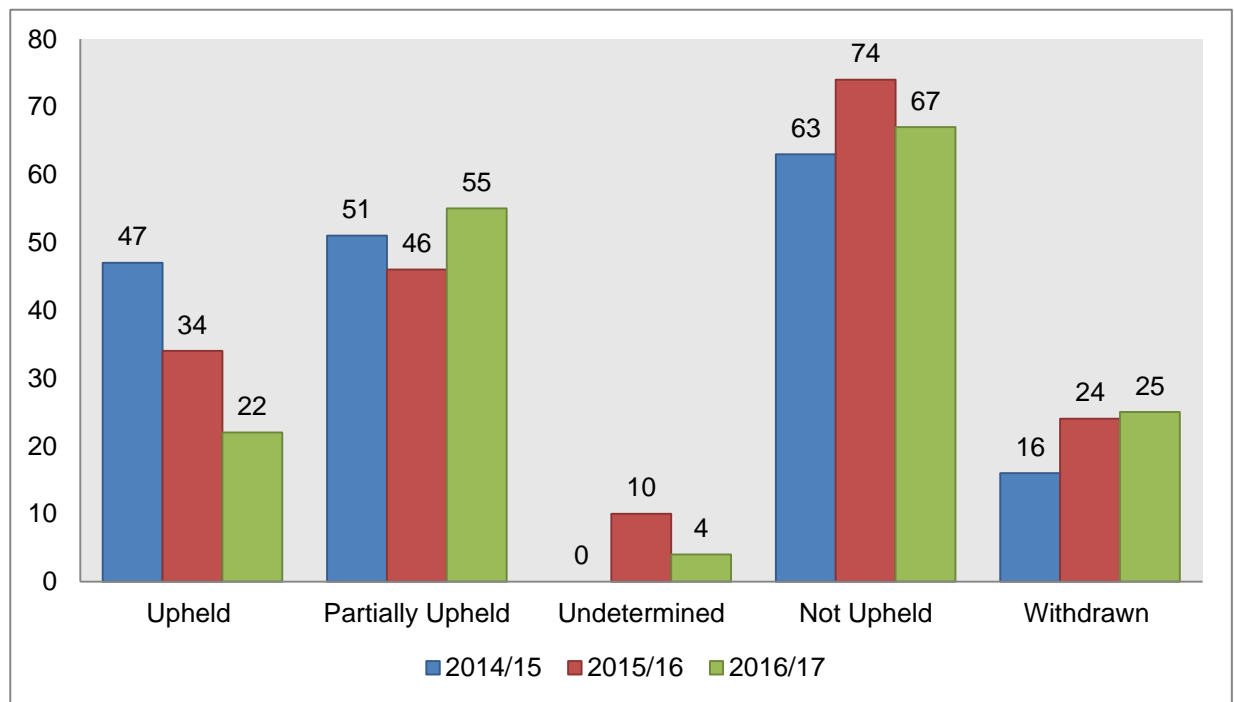
- Delays in the complaint being allocated within the two day timeframe
- Late submissions of the investigation packs
- Further information for the complaint response is required from the Investigating Manager

5.6 Complaint Outcomes

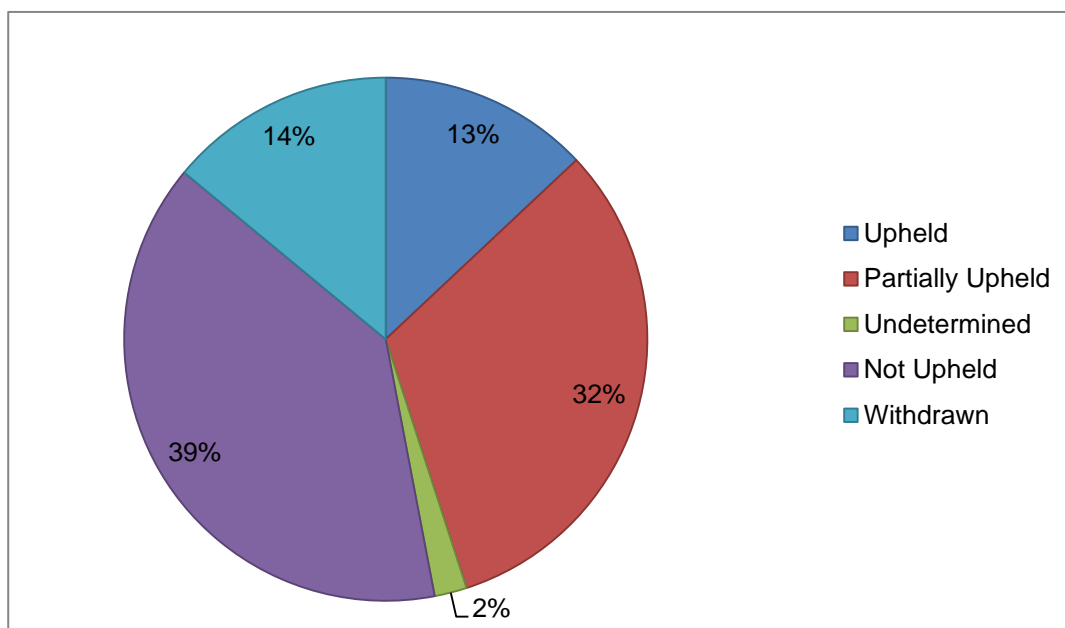
The Trust categorises complaints into five outcome codes:

- 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 below graph shows the number of complaints by outcome category for 2016/17 compared to 2015/16 and 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, the number of complaints for each outcome and the percentage for 2016/17.

Outcome Code	Adult and Specialist Directorate	Children, Young People and Families Directorate	Corporate Directorate	Older People and Adult Community Directorate	Total
Upheld	10 (9%)	1 (6%)	0 0%	11 (20%)	22
Partially Upheld	38 (38%)	3 (19%)	1 (50%)	13 (24%)	55
Undetermined	2 (2%)	1 (6%)	0 0%	1 (2%)	4
Not Upheld	36 (36%)	11 (69%)	1 (50%)	19 (35%)	67
Complaint Withdrawn	15 (15%)	0 0%	0 0%	10 (19%)	25

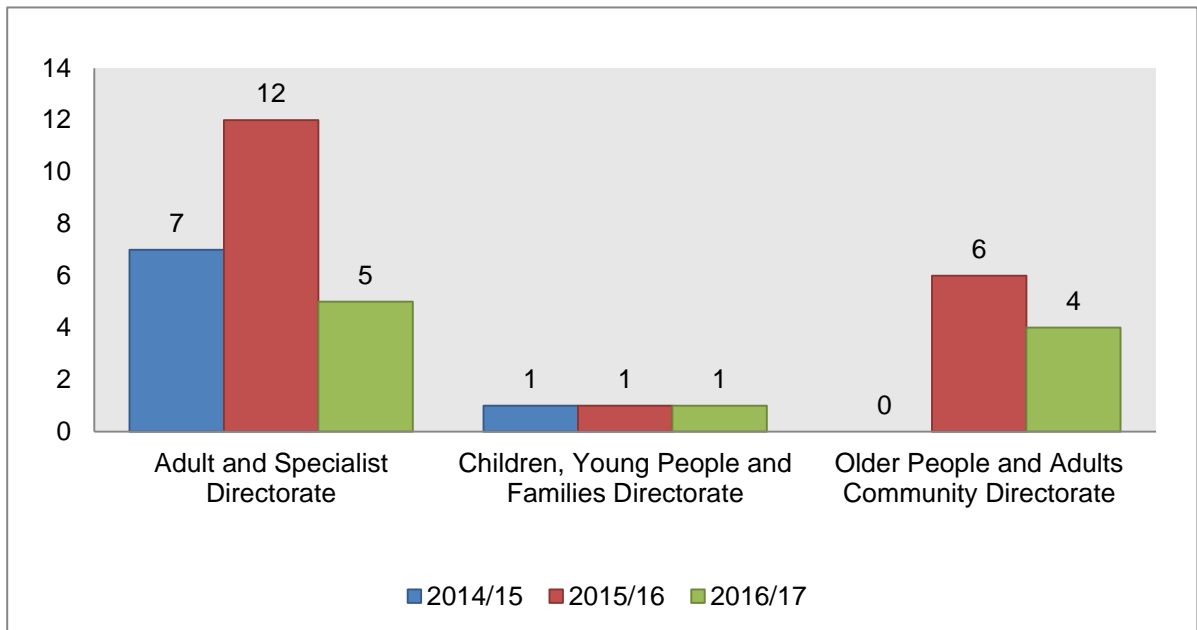
5.6. Re-opened Complaints

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.

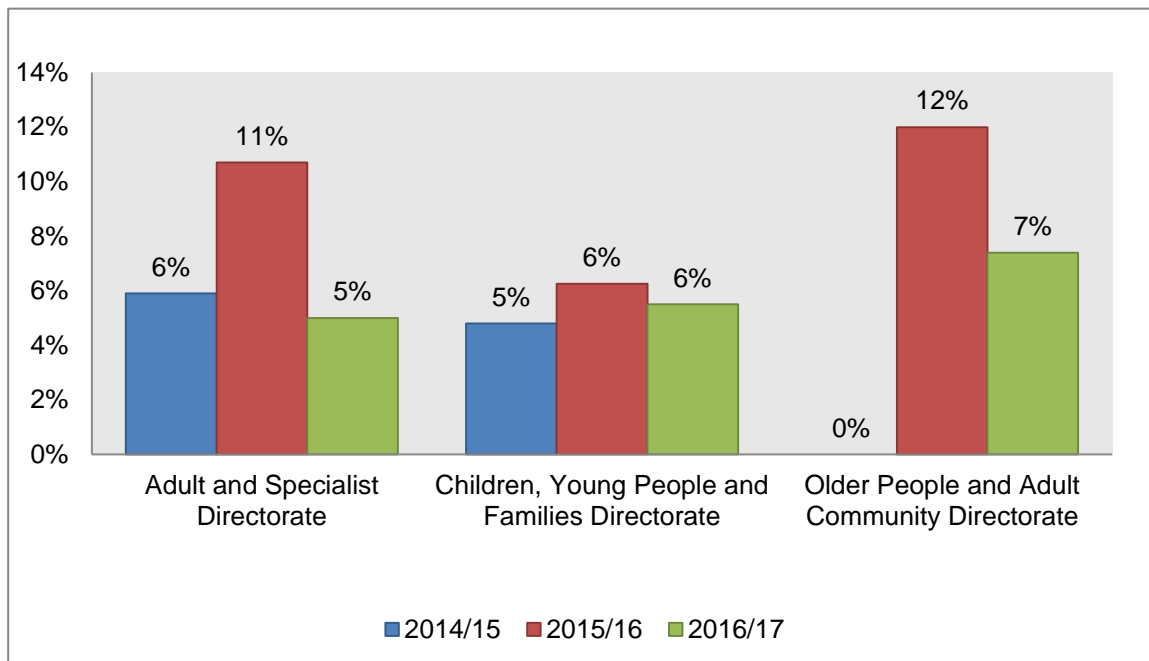
During 2016/17 the Complaints Department reopened 10 complaints which in comparison to the number of formal complaints registered the reopen rate is 5.7%. This is a decrease from 2015/16 where 19 complaints were reopened, and the reopen rate was 10%.

The low percentage of reopens 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 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 2016/17, compared to 2015/16 and 2014/15:



The graph below shows the re-open rate by Directorate in 2016/17 compared to 2015/16 and 2014/15:

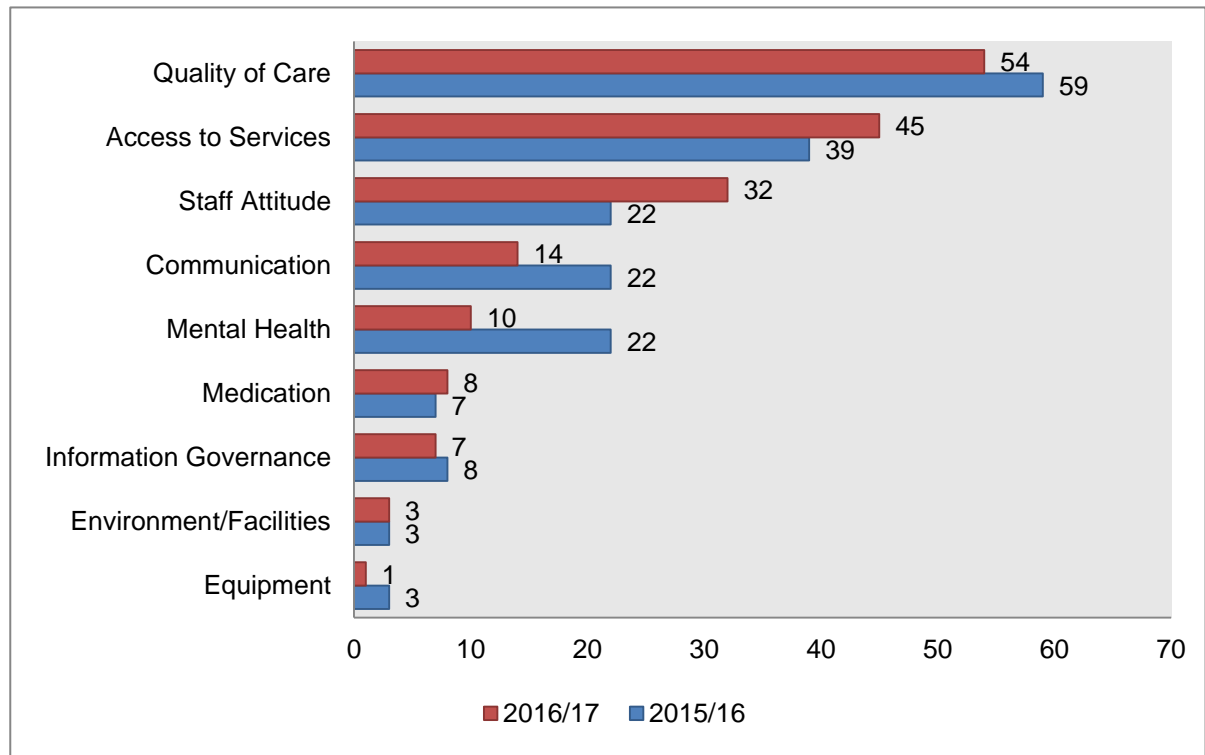


5.7. Complaint Subjects and Themes

The top five complaints subjects in 2016/17 are detailed below:

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

The graph below shows the number of formal complaints by subject in 2016/17 compared to 2015/16:



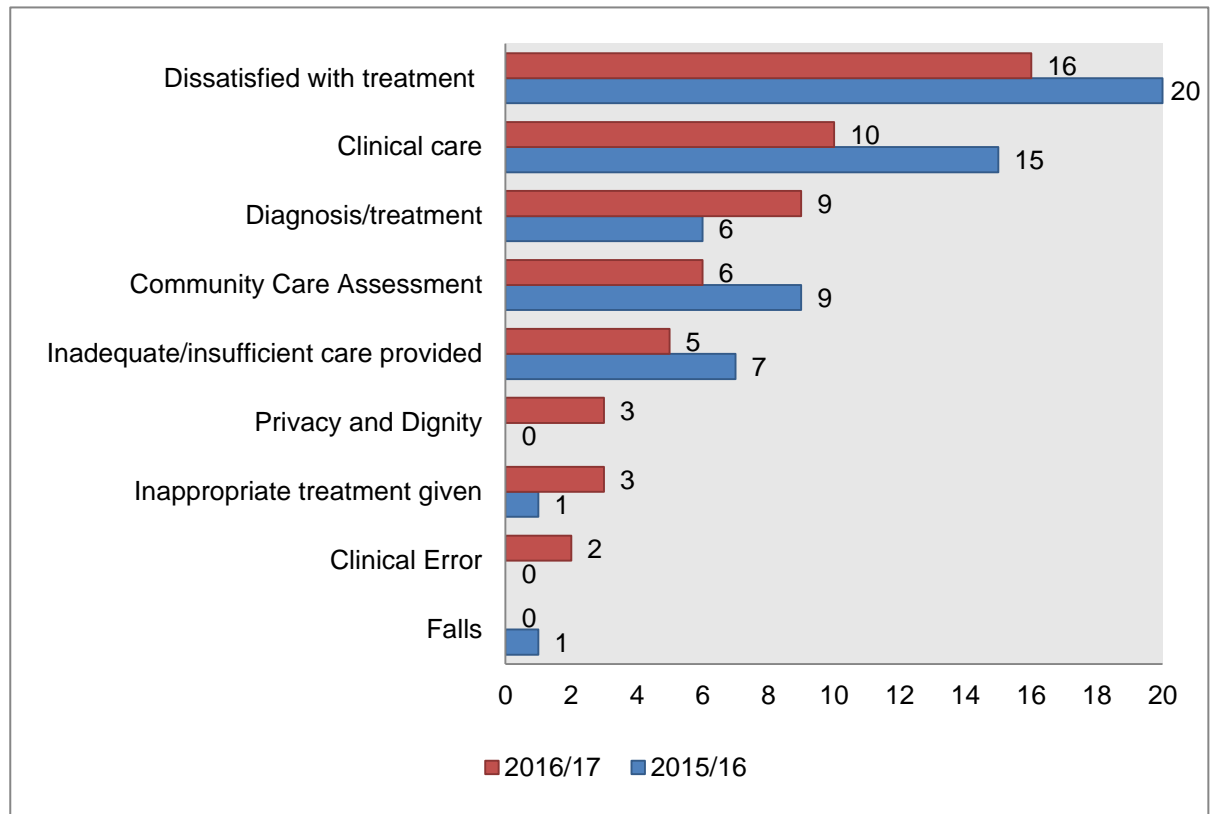
The majority of complaints throughout 2016/17 had an underlying theme relating to poor communication or a lack of communication from staff with service users, relatives and carers.

A perceived lack of care, support and treatment within the adult community mental health services and in particular the availability of the services. Specifically access to and the availability of specialised personality disorder community services remains a theme. Additionally, delays in referrals being processed, service users being assessed, and patients being discharged when they feel they still require services.

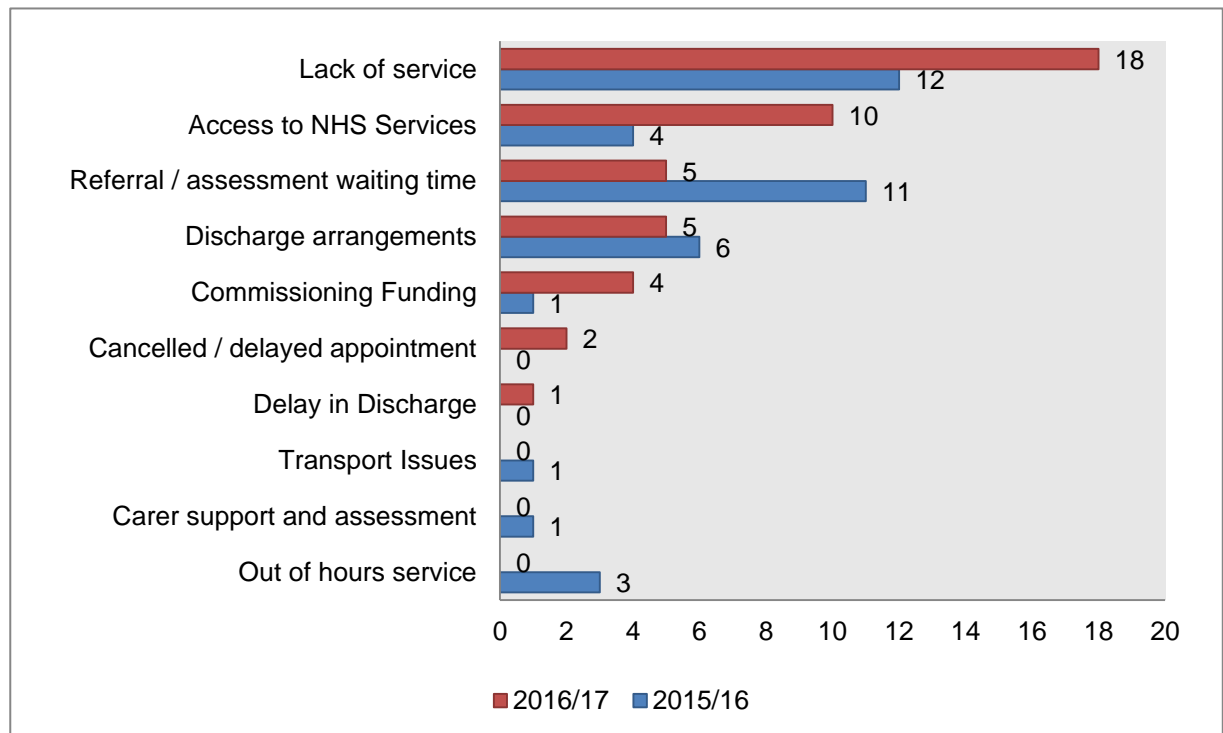
Dissatisfaction with the treatment and support provided throughout the service areas appears to be a theme. This includes a lack of responsiveness and action to care and provide treatment for patients with changing presentations, inadequate assessment and treatment. Other areas of concern included dissatisfaction with diagnosis and subsequent lack of care or support in the community, and during crises but also a perceived lack of concern for service user's dignity and personal care.

Finally, there has been an increase in the number of complaints relating to staff attitude; which mainly relate to nursing staff. A lack of response from staff including staff being perceived as being intimidating, dismissive, unprofessional, negative and rude, and hostile.

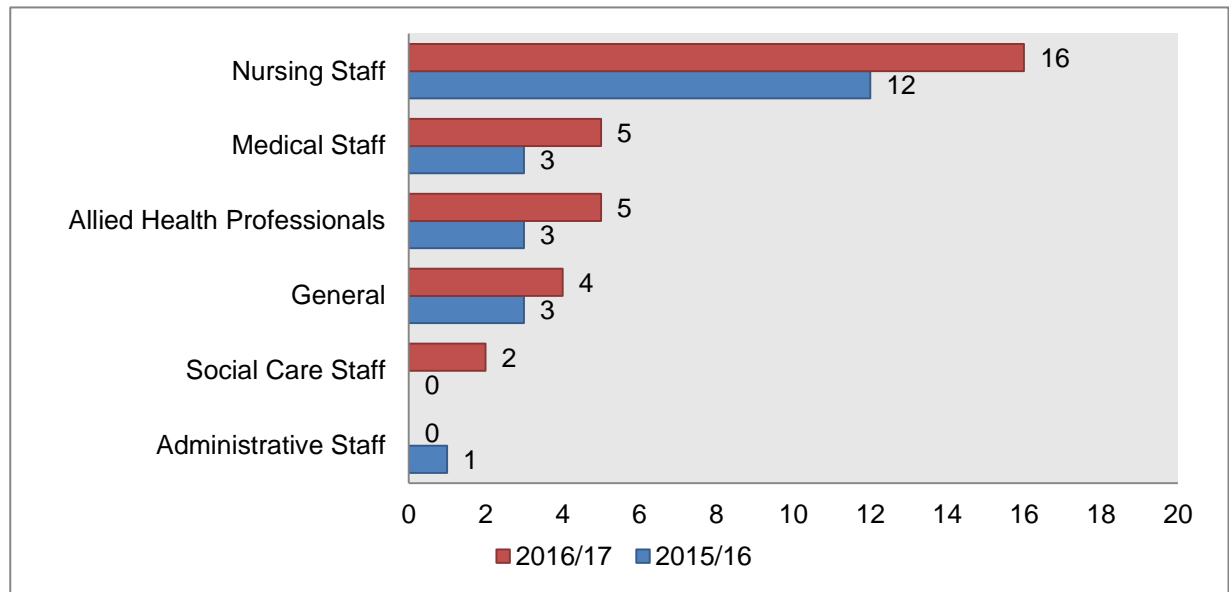
The graph below shows the number of formal complaints relating to Quality of Care broken down by sub-subject in 2016/17 compared to 2015/16:



The graph below shows the number of formal complaints relating to Access to Service broken down by sub-subject in 2016/17 compared to 2015/16:



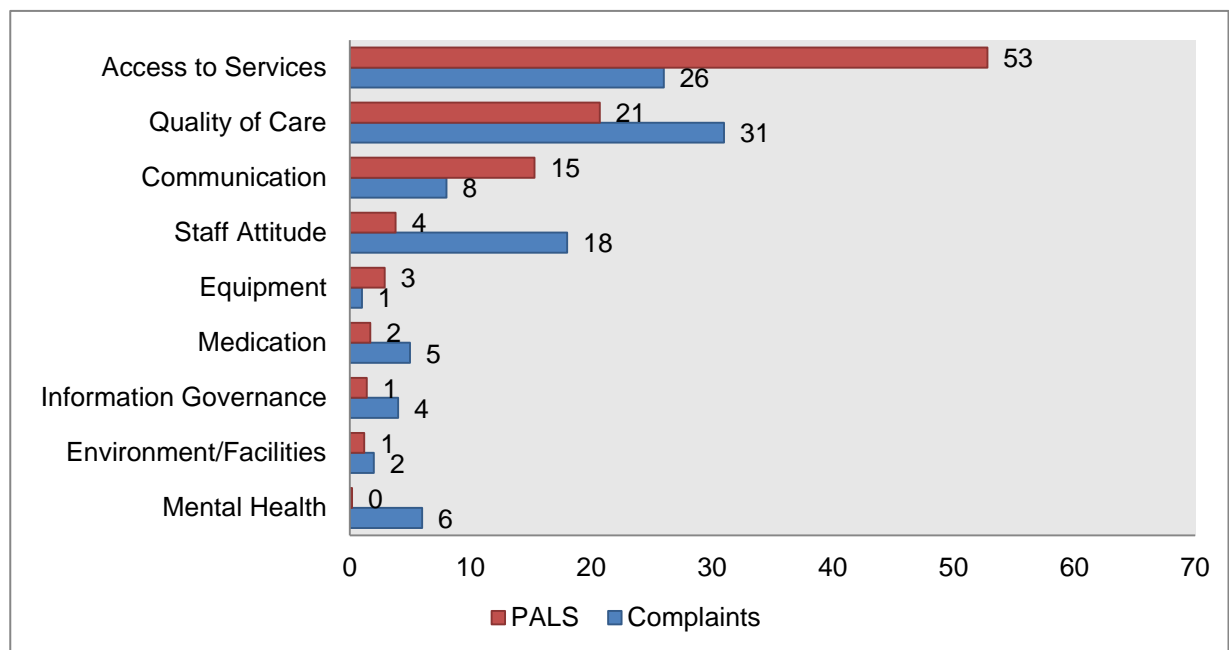
The graph below shows the number of formal complaints relating to Staff attitude broken down by sub-subject in 2016/17 compared to 2015/16:



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 2016 and 31 March 2017. 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 2016/17:



The percentage of top two categories for PALS (access to services and quality of care) are the same as formal complaints. However there does not appear to be any other similarity in activity of concerns and formal complaints

5.8. 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 2016/17, there were 6 formal complaints that had elements involving social care (Peterborough – 1, and Cambridge – 6).

Of the 6 complaints involving Cambridgeshire County Council, 4 have been investigated and were not upheld, and 2 are still under investigation at the time of writing the report. The complaint involving Peterborough City Hospital was withdrawn by the complainant.

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 2016/17, there were 3 formal complaints that had elements involving occupational therapy that also involved the council. All the complaints related to Occupational Therapy assessments. One regarding a perceived delay in receiving the assessment findings which was not upheld. The second about staff attitude which at the time of writing the report is still being investigated, and the third was the outcome of the assessment which was not upheld.

Management of complaints under the Section 75 agreements

The Complaints Officer 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.

The Complaints Department are working to resolve issues that have been identified this year with investigation timeframes and consent. The teams now use a joint consent form which reduces the delays in investigations as consent is provided at an early stage allowing information to be discussed and shared between both organisations.

Both teams are working 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 17 complaints registered in 2016/17 (compared to 14 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.

Of the 17, 8 involved Cambridgeshire University Hospital NHS Foundation Trust. All of the complaints have been investigated and responded to. Of which 3 related to the Liaison Psychiatry Department and were all found to be not upheld. 3 related to the care provided by the community nursing service following the patient's discharge from Addenbrookes Hospital of which 1 was upheld, 1 was partially upheld and 1 was withdrawn by the complainant. One related to the community mental health service provided before the patients admission, and one regarding the rehabilitation care following discharge to an intermediate care ward; both of which were not upheld.

Hinchingbrooke Hospital was involved in 2 complaints which both related to the Discharge Planning Team. Both complaints at the time of writing this report were still under investigation.

Peterborough and Stamford Hospitals NHS Foundation Trust were involved in 6 complaints of

which 4 were withdrawn by the complainant or were closed due to a lack of consent from the patient. One complaint related to the transfer of property from a mental health inpatient unit to the Peterborough City Hospital which was upheld, and the other related to the attitude of a member of staff from an intermediate care unit.

One joint complaint involved Queen Elizabeth Hospital and an intermediate care ward; which has been investigated and found to be not upheld.

5.9. Complaints requiring comprehensive investigation

Serious Incidents

During 2016/17, the Trust received 1 formal complaint that was escalated to a Serious Incident and a safeguarding investigation. 2 complaints were received that related to an incident that was being or had been investigated as a Serious Incident.

Clinical Reviews

4 formal complaints were escalated to Clinical Reviews during 2016/17. Of which 2 related to information governance issues, and 2 related to the clinical care and treatment provided.

Safeguarding

11 of the 174 formal complaints investigated were deemed to have safeguarding elements, and a safeguarding review was undertaken to determine whether a safeguarding referral and investigation was required.

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 – psychiatry community care assessment

Complaint regarding the delay in the referral being actioned and responded to. Complainant was unhappy with the lack of communication regarding the referral outcome, plan for their follow up, and lack of information regarding the pathway.

Recommendations and actions taken:

1. If a personality disorder specialist referral is stepped down, the will make telephone contact with the service to discuss rationale for decision.
2. Community service to ensure patients and families are informed if a five day referral is stepped down and to give rationale.
3. Telephone contact to be made to patient on receipt of 5 day referral by PDCS to establish the exact nature of the presenting problem.
4. Community services to send information leaflets on pathways and services so service users and their families know what to expect.

Quality of Care – inadequate/insufficient care provided

Complaint regarding their father's treatment by the District Nurses. One came out on 22nd June 2016, said she would be back next week, next time another nurse came out it was 27 July 2016. This is two weeks after her father had passed away.

Recommendations and actions taken:

1. SystemOne scheduling to be implemented across all services to ensure that patients are not missed if inappropriately inputted.
2. More collaborative working with General Practitioners to ensure patients on the end of life pathway receives an optimal service.

Access to Services – referral/assessment waiting time

Complainant was referred for high level cognitive behavioural therapy. They were advised that they would be have an appointment within three months and were then told it may be longer and they would not be receiving high level therapy.

Recommendations and actions taken:

1. For the service to provide transparent and realistic information regarding waiting times as well as clarifying different levels of intervention. The service leaflet to be updated to incorporate this information.
2. For the service to provide clear and unambiguous responses in writing to service users following their triage and assessment.

Access to Services – cancelled/delayed appointment

Request was made for the service to visit and complete an assessment of the patient at home. The service did not visit and as a result the patient was admitted to an acute hospital.

Recommendations and actions taken:

1. Review of triage questions when taking telephone call to ascertain if visit required. The series of questions asked during the assessment to cover specific age related questions that are appropriate to the patient's main diagnosis, which would include changes identified in behaviour or other symptoms that may be indicative of possible toxins in blood.

Staff attitude

Complainant attended an appointment the staff did not introduce themselves, and the letter stated one staff member would be in the appointment but that was not the case.

Recommendations and actions taken:

1. All correspondence from the service to state the service user you will be seen by two members of the team to ensure this covers all disciplines.
2. All staff to ensure clear introductions and explanation of role takes place prior to assessment commencing.
3. All clinicians to affirm with clients understanding of assessment process during the appointment.

Communication

Complainant is unhappy about the conversations she had with a staff member.

Recommendations and actions taken:

1. Feedback to be given to the service user at the end of the assessment before the assessment letter is sent out so details can be changed if needed.
2. Carers to be more involved in service user care if the patient agrees
3. Staff to be more aware of the team referral pathways before the service user arrives for their assessment.
4. All staff to ensure they are up-to-date and remain up-to-date with their Information Governance mandatory training

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 2016/17, the PHSO requested the complaint files and/or clinical records for 6 cases. Of these 6 at the time of writing the report:

- 1 is still under investigation by the PHSO and relates to a joint complaint with Hinchingbrooke Hospital from 2015/16.
- 1 case was taken no further after the Trust provided additional information about what action was being taken to address the capacity and demand issues within the service across the county.
- 1 case was not taken on as the Trust had not exhausted local resolution.

The PHSO Final Report and outcome for a case was received for a complaint relating to a community mental health assessment letter. This was determined as not upheld as the Trust had addressed the complainants concerns previously.

The PHSO Final Report was received relating to an inpatient mental health ward and was deemed to be partially upheld.

PHSO Recommendation	Action taken by CPFT
Apologise to patient and complainant	Formal apology letters were sent.
Action plan to address the lack of risk assessments being completed before discharge	Action plan developed by the directorate: <ul style="list-style-type: none">• Daily Task sheets to be introduced to ensure risk assessments are completed for all service users. These are to be completed every morning by the shift coordinator in the Crisis Resolution and Home Treatment Team, Acute Assessment and Treatment Wards.• Re-introduce daily ward reviews on the Acute Assessment Unit and Treatment Wards.

A PHSO Final Report was received relating to a minor injury unit and was deemed to be partially upheld.

PHSO Recommendation	Action taken by CPFT
Apologise to patient	Formal apology letter was sent.
Financial remedy of £100 to acknowledge the impact the Trust's failing had on the patient.	Cheque was sent to the patient.
Clinical Review into the care provided to be completed by the directorate.	The investigation is currently being undertaken

The Trust also received the draft report and recommendations for an ongoing case from 2015/16 relating to the eating disorders community service. The Trust is drafting an action plan to address the findings identified by the PHSO.

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 2016/17, the Trust has been involved in one case from the Local Government Ombudsman involving Cambridgeshire County Council and the Adult and Specialist 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 also received the LGO report closing the case reported in 2015/16. The investigation report recommended the Trust provide financial remedy to the complainant, and deemed the case upheld.

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 April 2016 and 31 March 2017, approximately 95 surveys and self-addressed envelopes were sent to complainants with their response and 24 were returned. 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.

10. Key Priorities and Improvements for 2017/18

The key priorities and improvements for the Complaints Department are:

- To further develop the action plan protocol and utilise the action module and functions within Datix.

- To develop various ways of sharing the themes and learning from complaints at directorate level.
- To improve the response rates for the satisfaction survey.
- To further develop working relationships with the local healthcare stakeholders to improve timeframes and management of joint complaint investigations.
- To continue to develop and amend the complaints training package.
- To continue to deliver complaints investigation training to ensure that investigations are proportionate and fair.
- To facilitate opportunities for local resolution meetings.

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.