

PUBLIC BOARD OF DIRECTORS MEETING

REPORT

Subject:	Complaints Annual Report				
Date of Meeting:	24 May 2018				
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>	STRATEGY	WORKFORCE	IT & ESTATE	COMMERCIAL & FINANCIAL	
Financial Impact Legal Impact Impact to Partnership working: <i>(please mark in bold where applicable, and explain)</i>	FINANCIAL	LEGAL	ENGAGEMENT	PARTNERSHIP WORKING	
Confidentiality/ Freedom of Information status:					
Committees/ groups where this has been presented before:	Quality, Safety and Governance Committee				
Committees/ groups where this should next be considered:					
EXECUTIVE SUMMARY:					
<ul style="list-style-type: none"> Details of the formal complaints activity The Trust received 216 formal complaints between 1 April 2017 and 31 March 2018. This is a 24% increase from the number of complaints received in 2016/17 (n=174). The average response rate across the Trust has seen an increase from 41 working days in 2016/17 to 47 working days in 2017/18. The response rate is based on 213 formal and reopened responses being sent between 1 April 2017 and 31 March 2018. The Trust's average response time increased. The number of responses sent to complainants has seen an overall increase of 13%. 					

During 2017/18 22 complaints were reopened which in comparison to the number of formal complaints registered the reopen rate is 10%. This is an increase from 2016/17 where 10 complaints were reopened, and the reopen rate was 5.7%, this is comparable to 2015/16 when 19 complaints were reopened, and the reopen rate was 10%.

- **Priorities implemented and improvements made in 2017/18**

Action Module of Datix – the action module has been reviewed and is now fit for purpose for all modules within the Datix system. The Complaints Team will be monitoring action plans for complaints within 2018/19 via this system.

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.

- **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 2017/18 the Trust received 9 referrals from the Parliamentary and Health Service Ombudsman, and 1 from the Local Government Ombudsman.

- **Complaints Team key priorities for 2018/19**

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 continue to develop working relationships with the local healthcare stakeholders to improve timeframes and management of joint complaint investigations.

To work with Directorates to improve the average response times for complaints.

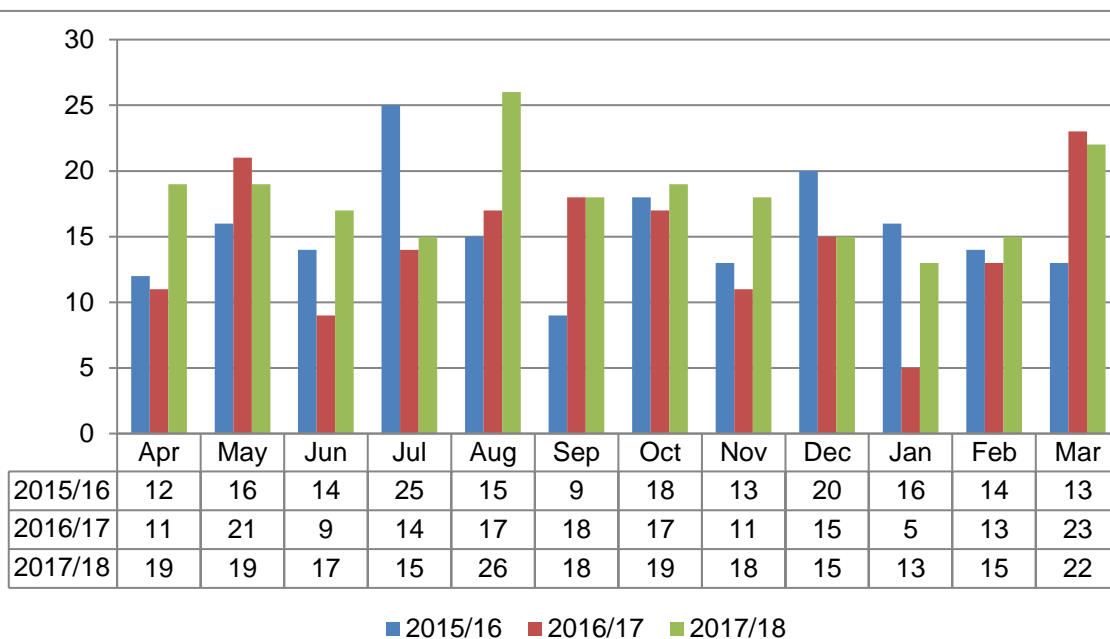
Complaints Annual Report

1 April 2017 to 31 March 2018

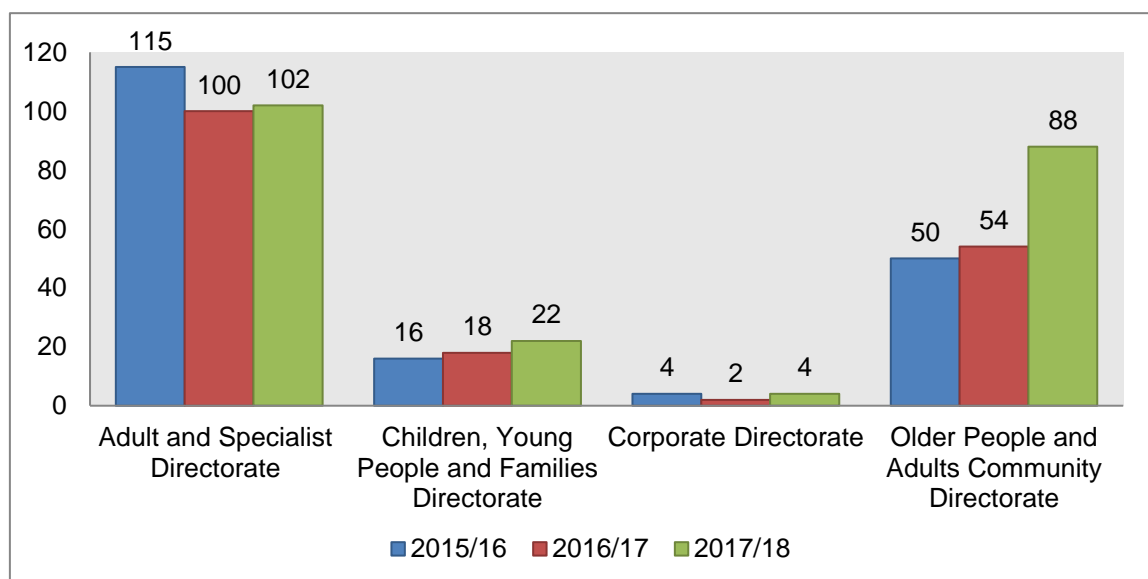
1.	<p>PURPOSE AND BACKGROUND</p> <p>This annual report provides an overview of formal complaints management and complaints activity within the Trust between 1 April 2017 and 31 March 2018. It highlights the key developments implemented in 2017/18 and sets out the key priorities for 2018/19.</p> <p>From 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 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 Complaints Officer, who operationally manages the Complaints Team, and a Complaints Co-ordinator, who provides administrative support to the department. The Complaints Team had a vacancy for a period of six months due to reconfiguration within the Patient Safety and Complaints Team.</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 Complaints Team act as an interface between the Trust and the Parliamentary and Health Service Ombudsman, Local Government Ombudsman and other organisations.</p>

	<p>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.</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 complaints activity for 2017/18. The complexity of the complaints have increased which is indicative of the wide range of diverse services delivered by the Trust as well as the 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.	<p>PRIORITIES IMPLEMENTED AND IMPROVEMENTS MADE IN 2017/18</p>
	<p>Action Module of Datix – the action module has been reviewed and is now fit for purpose for all modules within the Datix system. The Complaints Team will be monitoring action plans for complaints within 2018/19 via this system.</p> <p>To develop various ways of sharing the themes and learning from complaints both internal and external at directorate level – the team will be using the action module within Datix from 2018/19 which will enable recommendation and learning to be identified and disseminated through reports with ease. This will remain a priority for 2018/19.</p> <p>Satisfaction survey response rate – there has been a slight increase in the returns of the survey. NHS England has launched the national standard survey and this will be implemented in 2018/19.</p> <p>To further 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. This will remain a priority for 2018/19.</p> <p>Complaints training package – the package is regularly reviewed and updated. Training sessions are scheduled for every six weeks in various locations across Cambridgeshire. The feedback from the training has been positive from the staff that have attended. Regular training will continue to be provided in 2018/19.</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.</p>
4.	<p>COMPLAINTS ACTIVITY</p>
4.1	<p>Number of Complaints Received The Trust received 216 formal complaints between 1 April 2017 and 31 March 2018. This is a 24% increase from the number of complaints received in 2016/17 (n=174).</p>

This graph shows the number of formal complaints received in 2017/18 by month compared to 2016/17 and 2015/16:



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

The increase in formal complaints being received can be attributed to the Older People and Adults Community Directorate which have increased by 63%.

Potential Complaints

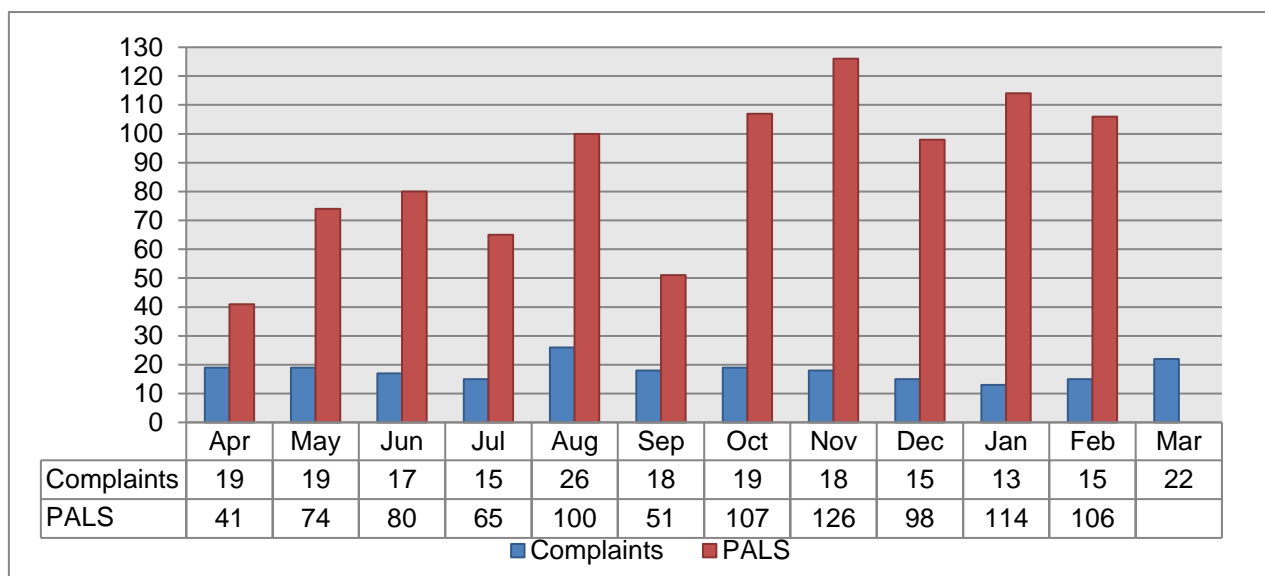
During 2017/18 the Complaints Team dealt with over 65 potential complainants; which included providing information via email and letter regarding the complaints process, and dealing with complaints that could not be processed due to a lack of information and engagement from the complainant. This figure 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 2016/17 the Complaints Team have worked and liaised with PALS to resolve over 54 concerns and informal complaints.

This graph shows the number of formal complaints received in 2017/18 by month compared to the PALS contacts including enquiries for information and concerns recorded for the same period:



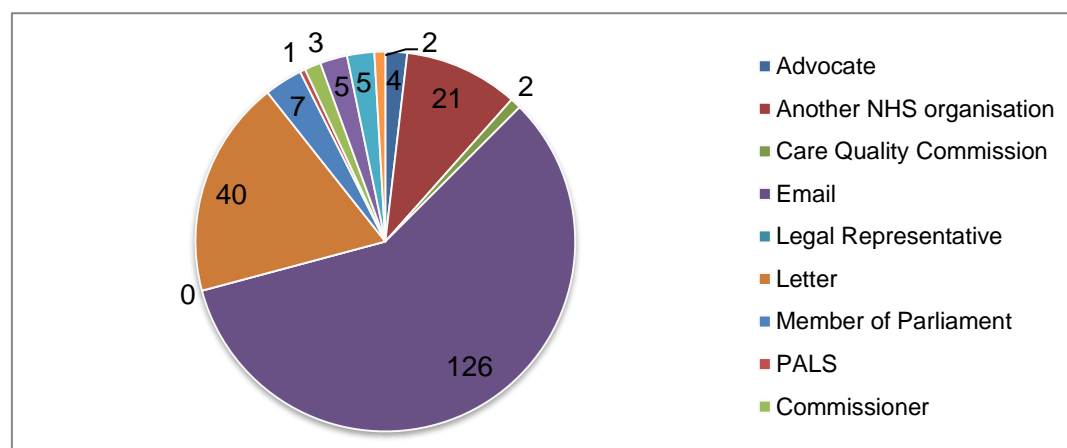
Declined Complaints

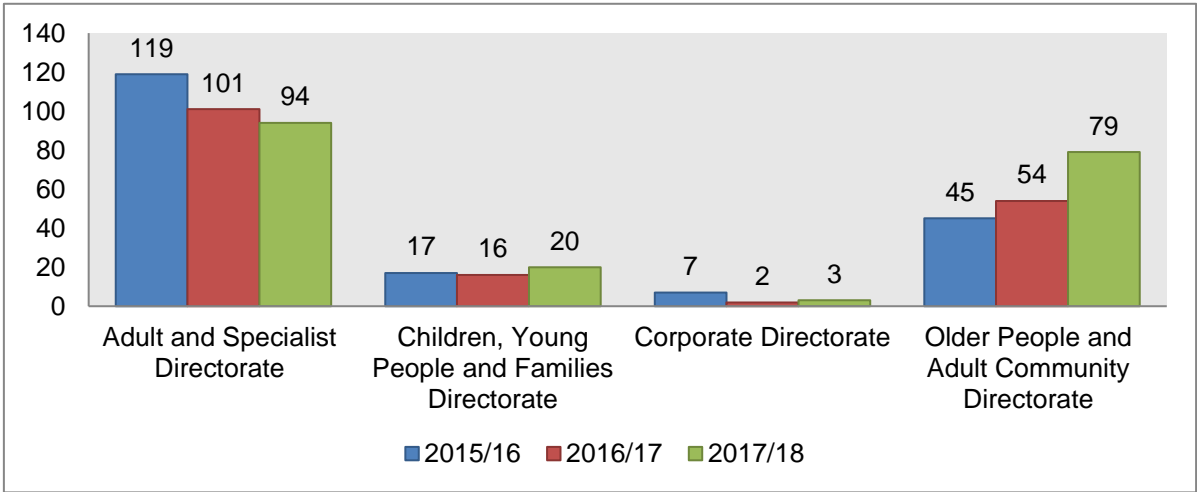
During 2017/18 the Complaints Team declined to investigate 95 complaints as they either fell outside of the timeframe stipulated with the regulations, or the complaint related to another organisation.

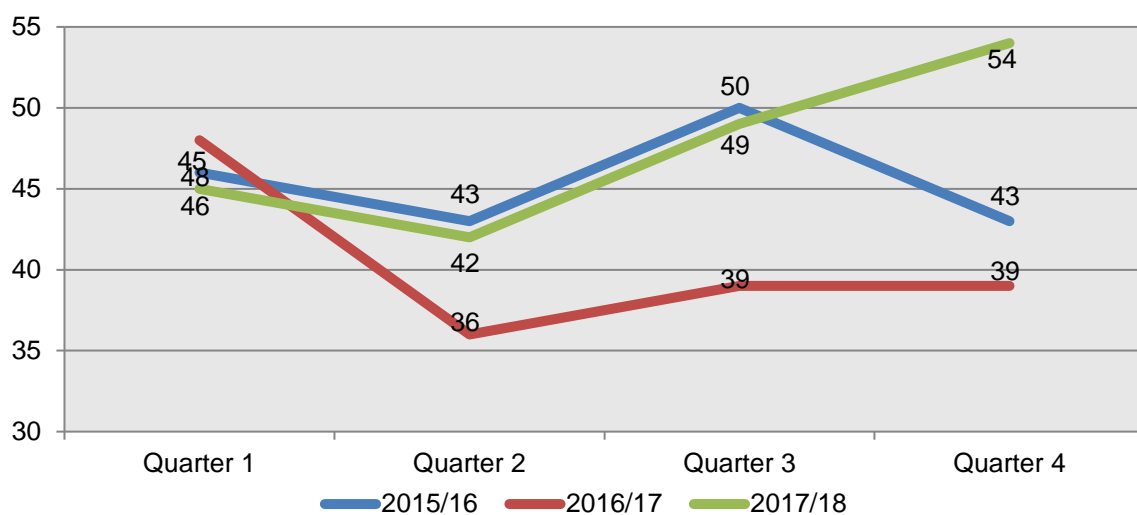
4.2 Method of making complaints

The majority of complaints were received via email. There was an increase in the number of complaints received via email compared to 2016/17 (n=95), and only 2 complaints were made via the telephone and 2 in person. Complaints made via telephone are typed into a complaints summary by the Complaints Team which is sent to the complainant for them to review, sign and return. Complaints were also received via other sources including Advocates, other NHS organisations, the Local Authority, Members of Parliament, PALS, the Care Quality Commission, and Commissioners.

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



<p>4.3</p>	<p>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 and 2016/17.</p> <p>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.</p>																				
<p>4.4</p>	<p>Closed Complaints The Trust closed 196 formal complaints between 1 April 2017 and 31 March 2018, which is an increase from 173 in 2016/17 and 188 in 2015/16.</p> <p>The graph below shows the number of formal complaints closed per Directorate in 2017/18 compared to 2016/17 and 2015/16:</p>  <table border="1"> <thead> <tr> <th>Directorate</th> <th>2015/16</th> <th>2016/17</th> <th>2017/18</th> </tr> </thead> <tbody> <tr> <td>Adult and Specialist Directorate</td> <td>119</td> <td>101</td> <td>94</td> </tr> <tr> <td>Children, Young People and Families Directorate</td> <td>17</td> <td>16</td> <td>20</td> </tr> <tr> <td>Corporate Directorate</td> <td>7</td> <td>2</td> <td>3</td> </tr> <tr> <td>Older People and Adult Community Directorate</td> <td>45</td> <td>54</td> <td>79</td> </tr> </tbody> </table>	Directorate	2015/16	2016/17	2017/18	Adult and Specialist Directorate	119	101	94	Children, Young People and Families Directorate	17	16	20	Corporate Directorate	7	2	3	Older People and Adult Community Directorate	45	54	79
Directorate	2015/16	2016/17	2017/18																		
Adult and Specialist Directorate	119	101	94																		
Children, Young People and Families Directorate	17	16	20																		
Corporate Directorate	7	2	3																		
Older People and Adult Community Directorate	45	54	79																		
<p>4.5</p>	<p>Response Rates The Trust aims to respond to complaints within 30 working days. The average response rate across the Trust for 2017/18 was 47 working days which is an increase in comparison to 2016/17 (41 working days based on 188 responses being sent). The response rate is based on 213 formal and reopened responses being sent between 1 April 2017 and 31 March 2018. The Trust's average response time has seen an increase however the number of responses sent has seen an overall increase of 13%.</p> <p>Below is a graph showing the Trust's average response time by quarter for 2017/18 compared to 2016/17 and 2015/16.</p>																				



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	47
Children, Young People and Families Directorate	21	46
Corporate Directorate	3	34
Older People and Adult Community Directorate	83	48
Trust	213	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:

- 19% of responses were sent within 30 working day timeframe
- 4% were not responded to as consent was not received
- 5% were withdrawn by the complainant
- 3% were investigated as Serious Incidents, Clinical Reviews or Safeguarding
- 7% of responses were sent within the agreed timeframe
- 17% of responses were sent after the agreed timeframe
- 15% of responses were sent after the 30 working day timeframe without an agreed extension and within 40 working days
- 30% 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:

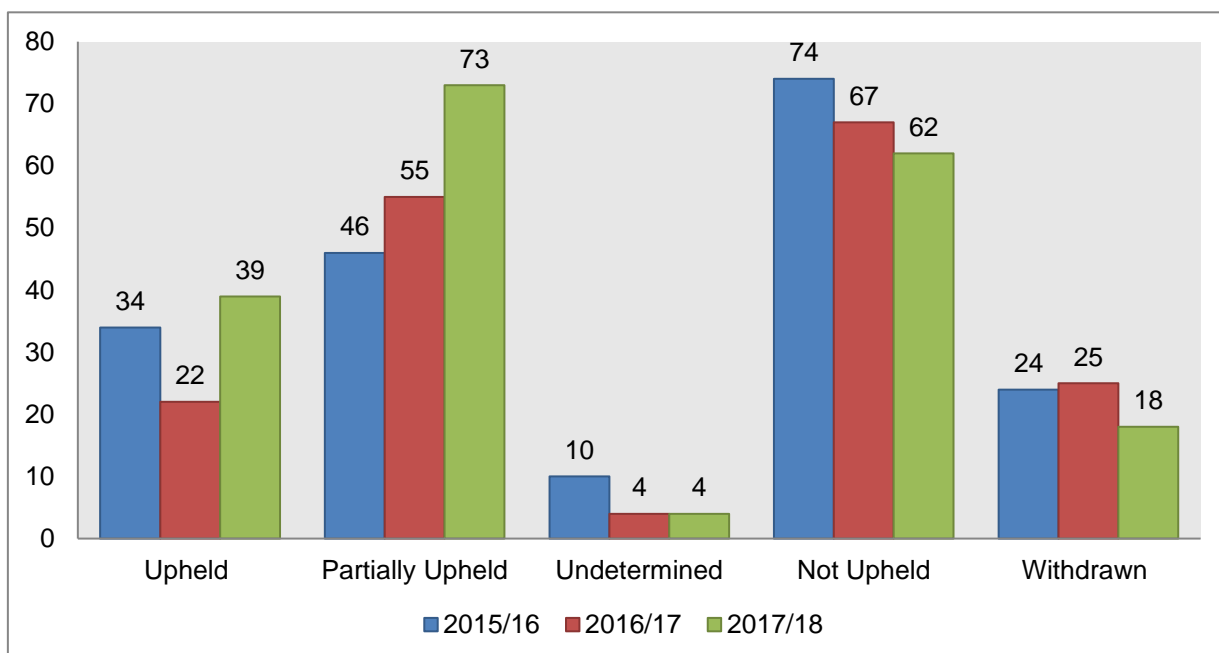
- Delays in the complaint being allocated within the two day timeframe (62 out of 213). The Complaints Team are working with directorates to address this.
- Late submissions of the investigation packs (46 out of 213). The Complaints Team are working with directorates to address this ;discussed at senior level with Chief Operating Officer
- Delays in the Complaints Team being able to draft the response (42 out of 213). The Complaints Officer Secondment post has now been filled which will address this delay.
- Delays in the directorate reviewing and approving the response (39 out of 213). The Complaints Team are working with directorates to address this.
- Delays in the response being signed (38 out of 213). A time response checklist has been developed for the Chief Executive and is used for every complaint showing important dates e.g. received, sent for investigation etc.
- Further information for the complaint response is required from the Investigating Manager (37 out of 213). The Complaints Team are working with directorates to address this and will be reiterated in the complaints training.

4.6 Complaint Outcomes

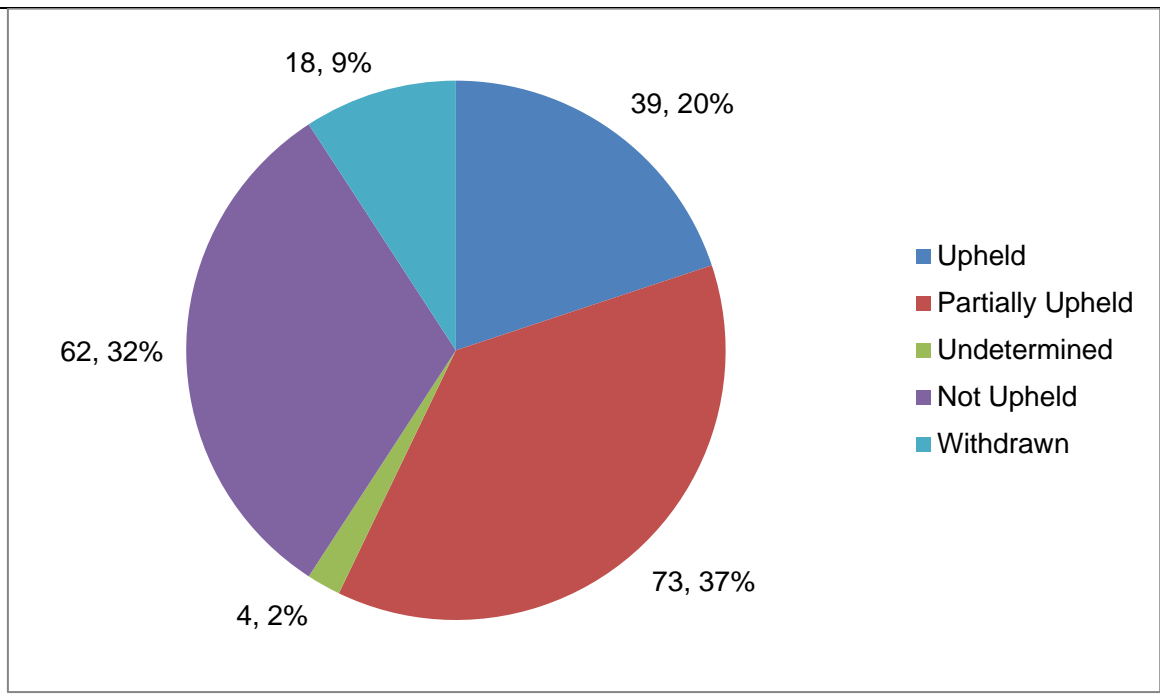
The Trust categorises complaints into five outcome codes:

- 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 2017/18 compared to 2016/17 and 2015/16.



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	9 (10%)	1 (5%)	1 (33%)	28 (36%)	39
Partially Upheld	35 (37%)	12 (60%)	2 (67%)	24 (30%)	73
Undetermined	3 (3%)	0 (0%)	0 (0%)	1 (1%)	4
Not Upheld	33 (35%)	6 (30%)	0 (0%)	23 (29%)	62
Complaint Withdrawn	14 (15%)	1 (5%)	0 (0%)	3 (4%)	18

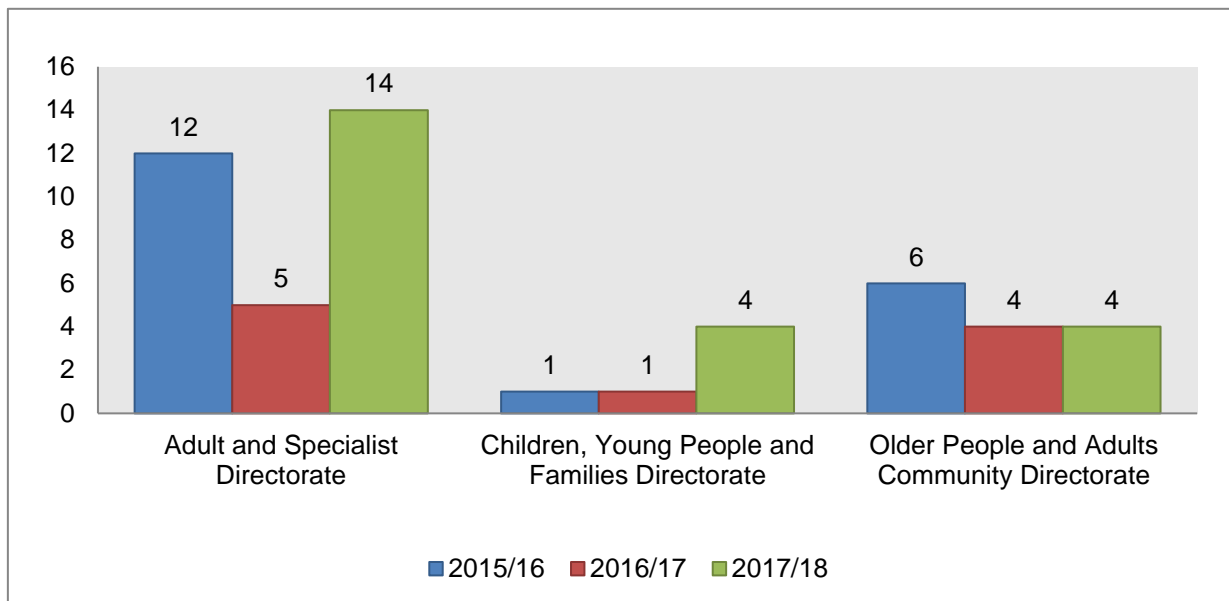
4.7 Reopened Complaints

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.

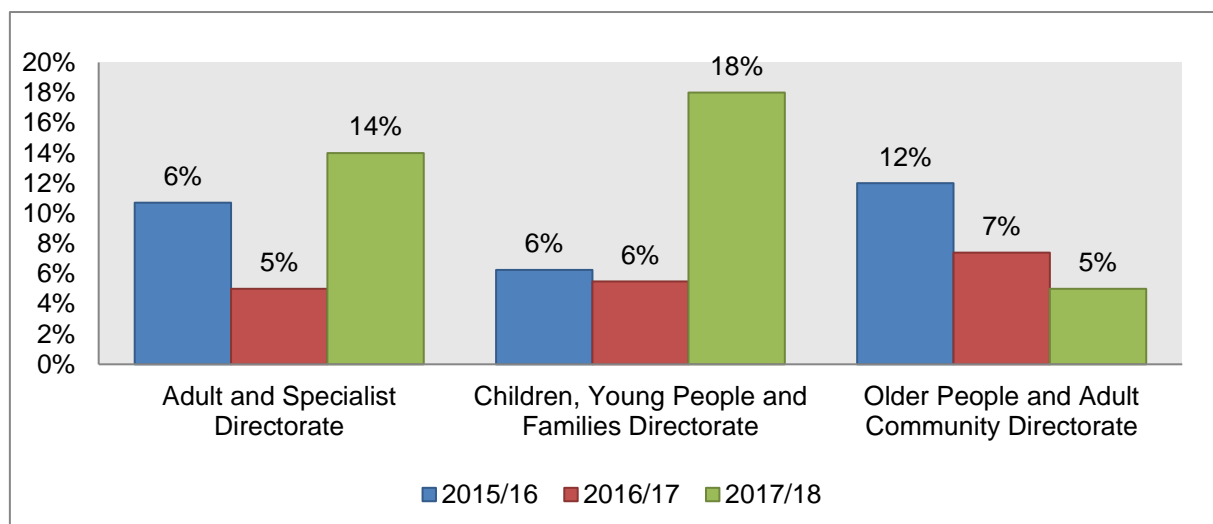
During 2017/18 the Complaints Team reopened 22 complaints which in comparison to the number of formal complaints registered the reopen rate is 10%. This is an increase from 2016/17 where 10 complaints were reopened, and the reopen rate was 5.7%, this is comparable to 2015/16 where 19 complaints were 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 2017/18 compared to 2016/17 and 2015/16:



The graph below shows the re-open rate per Directorate in 2017/18 compared to 2016/17 and 2015/16:

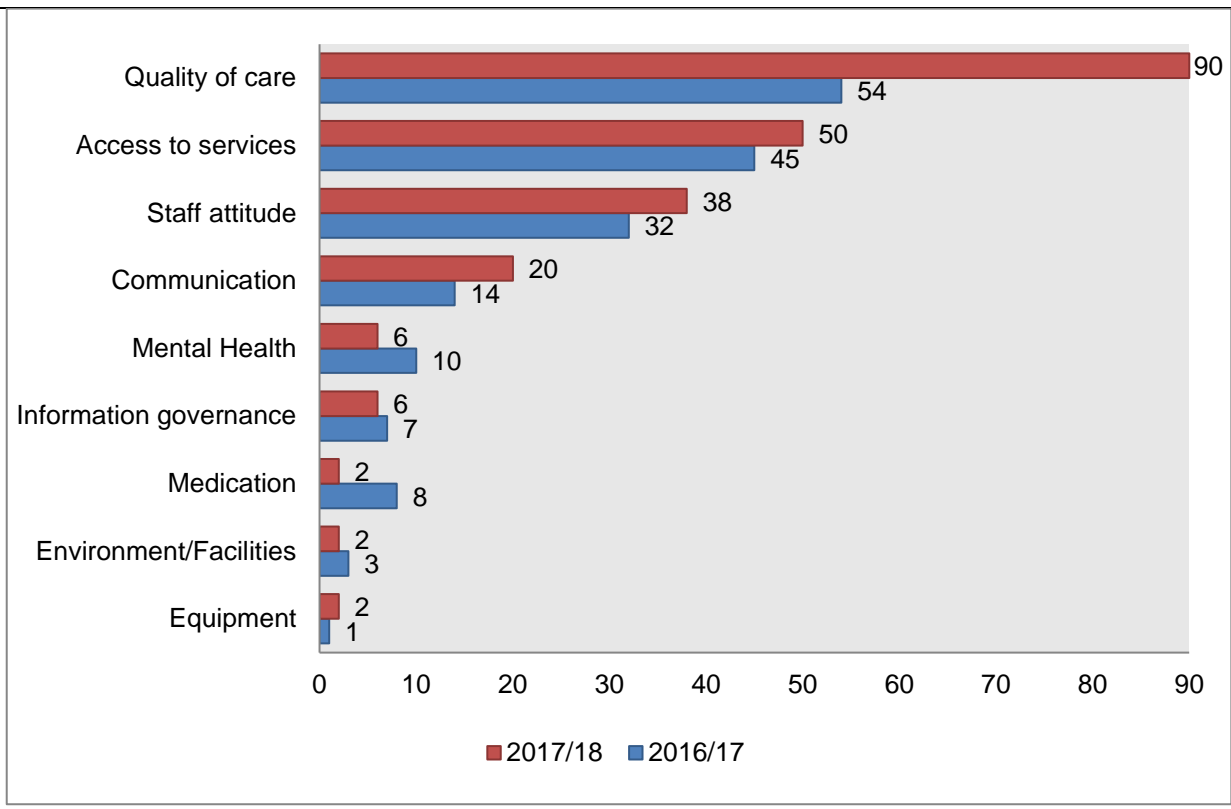


4.8 Complaint Subjects and Themes

The top five complaints subjects in 2017/18 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 2017/18 compared to 2016/17:



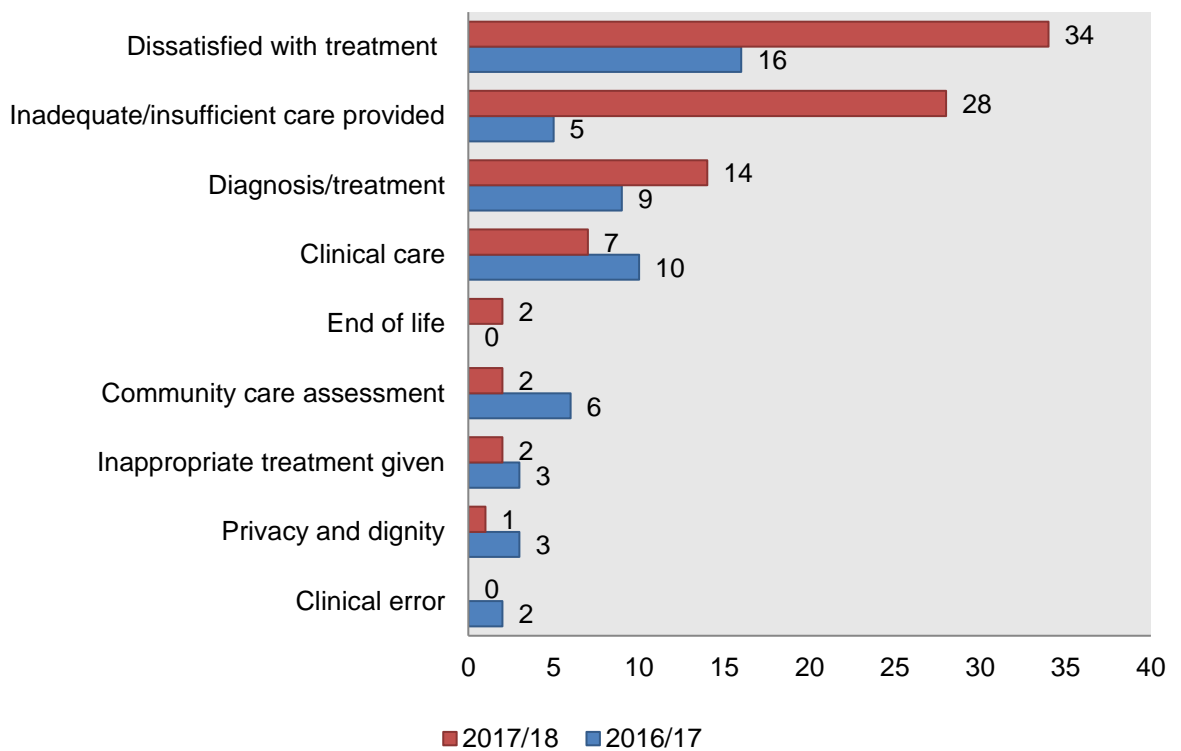
The overall complaints were about the quality of care; including inadequate/insufficient care and dissatisfaction with the psychiatric and general treatment provided. Access to services included a lack of services, cancelled/delayed appointments and referrals/ assessments as being the main themes. Staff attitude and communication were also included in the overall themes.

Adult and Specialist Mental Health Directorate (102) indicated the main themes being quality of care (40) access to services (31) and staff attitude (17). Quality of care (40) themes included poor assessments for treatment and medication, poor monitoring and supervision, safeguarding issues, delays in referrals and treatment, inappropriate discharge from the service, poor follow ups, continuity of care and communications. Access to services (31) included delays in providing appropriate treatment, a lack of specialist health professionals, appointment cancellations and poor follow ups, and poor transfer of care to other services/organisations. Staff attitude (17) included poor communication, requests to transfer to another health professional, attitude and behaviour, inappropriate comments and recorded notes and concerns about safeguarding.

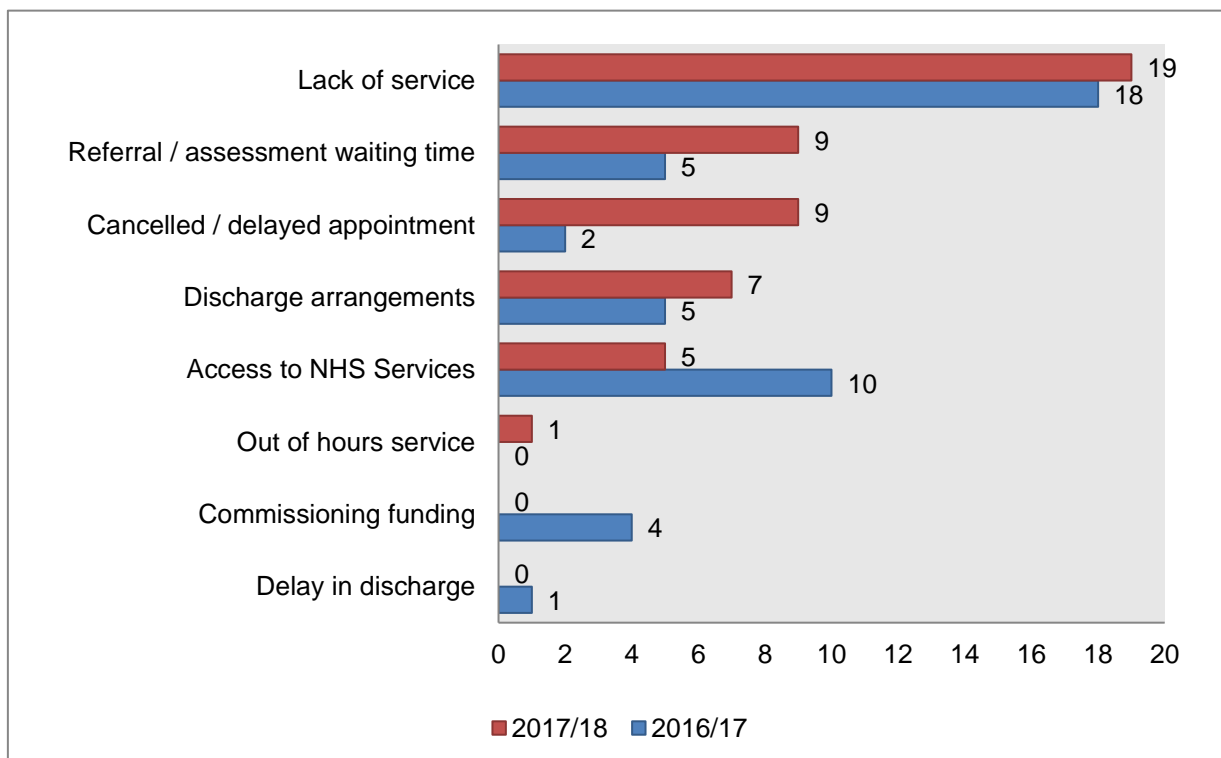
Children, Young People and Families Directorate (22) the largest number of complaints were received for quality of care (11) which related to poor continuity of care and seeing a different member of staff at each appointment, poor communication and follow ups, poor assessments and diagnosis for appropriate care, concerns about medication monitoring and referral delays.

Older People's and Adult Community Directorate (88) themes for complaints were quality of care (39) relating to treatment in the community by district nurses and the Intermediate Care Team, continuity of care after discharge from hospital, including medication, missed/cancelled appointments, failed discharge and readmission to hospital, poor diagnosis at the Minor Injuries Unit, poor end of life care and delays in home visits by the Joint Emergency Team. Staff attitude (20) included complaints about requesting a different health professional to attend, home visits not carried out, frequency of visits not consistent and poor attitude and inappropriate comments. Access to services (14) referrals not completed appropriately, problems getting district nurses and occupational therapists to make home visits and poor communication with community teams.

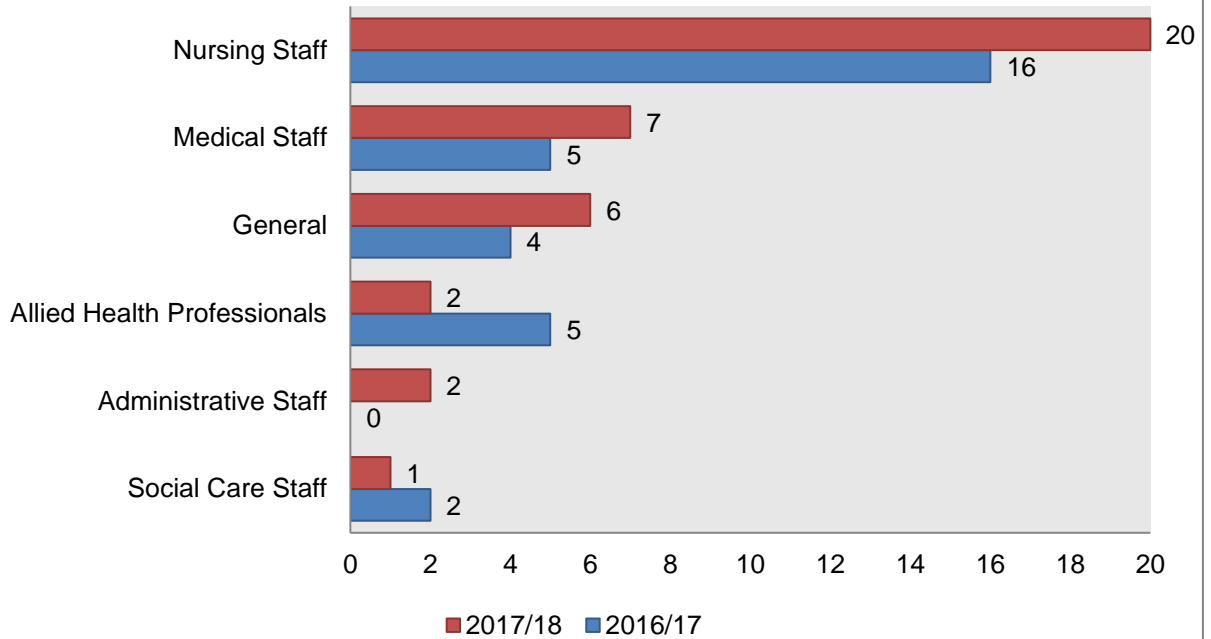
The graph below shows the number of formal complaints relating to Quality of care broken down by sub-subject in 2017/18 compared to 2016/17:



The graph below shows the number of formal complaints relating to Access to Service broken down by sub-subject in 2017/18 compared to 2016/17:



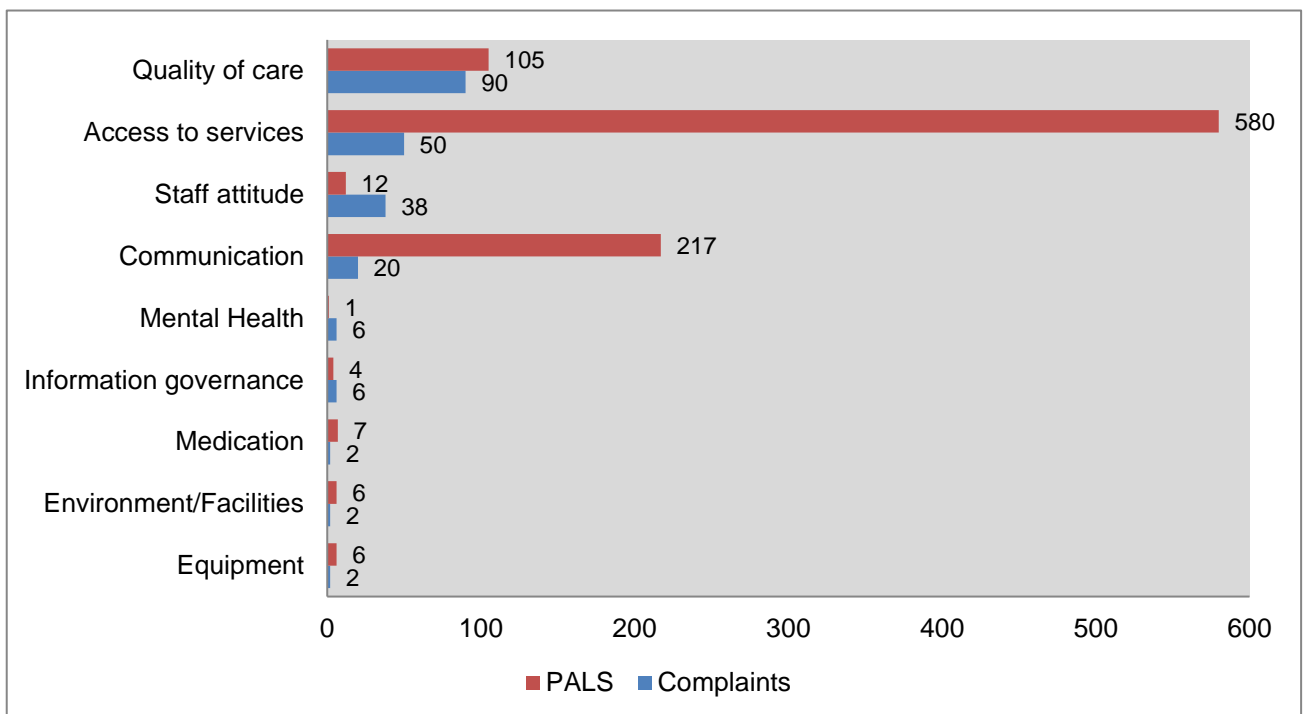
The graph below shows the number of formal complaints relating to Staff attitude broken down by sub-subject in 2017/18 compared to 2016/17:



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 2017/18:



The high number of PALS concerns for access to service relate to signposting and providing information to enquirers on numbers for services.

<p>4.9</p>	<p>Multi-agency Complaints</p> <p>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 2017/18, there were 2 formal complaints that had elements involving social care both related to Cambridge.</p> <p>Of the 2 complaints involving Cambridgeshire County Council, both have been investigated, 1 was partially upheld and 1 was not upheld.</p> <p>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 no formal complaints that had elements involving occupational therapy that also involved the council.</p> <p>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.</p> <p>Joint complaints with other organisations There were 31 complaints registered in 2017/18 (compared to 17 in 2016/17) 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.</p> <p>Of the 31, 7 involved Cambridgeshire University Hospital NHS Foundation Trust. 5 complaints have been investigated and responded to: 2 of which related to the community district nursing services which are both still under investigation; 3 related to rehabilitation and intermediate care services; 1 related to Liaison Psychiatry; and 1 related to speech and language therapy.</p> <p>North West Anglia NHS Foundation Trust were involved in 16 complaints: 1 of which related to Hinchingsbrooke Hospital, and 16 related to Peterborough City Hospital. Of the 16; 4 related to the community district nursing service; 4 related to intermediate care including rehabilitation; 3 related to Liaison Psychiatry; and 2 for community mental health services. 1 related to discharge planning, 1 for podiatry services, and 1 for Parkinson's services.</p> <p>The other joint complaints related to Cambridgeshire and Peterborough Clinical Commissioning Group, NHS England, East of England Ambulance Service NHS Foundation Trust, and GP Surgeries.</p>
<p>4.10</p>	<p>Complaints requiring comprehensive investigation</p> <p>Serious Incidents During 2017/18, the Trust received 2 formal complaints that were escalated to a Serious Incident and 1 complaint related to an incident that had previously been investigated as a Serious Incident.</p> <p>Clinical Reviews 5 formal complaints were escalated to Clinical Reviews during 2017/18. 2 of which related to information governance issues, and 3 related to the clinical care and treatment provided.</p>

Safeguarding

3 of the 216 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.

5. 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 – dissatisfaction with psychiatric treatment

Complaint regarding child's care and support provided by the child and adolescent community mental health team. Complainant felt there was discontinuity with the practitioners, no consistency in his care provider which has led to it being difficult to diagnose and treat the child's mental health condition. Complainant unhappy as they were provided with different information from different practitioners.

Recommendations and actions taken:

1. The team introduced a system to manage incoming calls to the service in a more effective way. This included a standard response time for returning calls and responding to messages. A standard operating procedure was developed for all staff to follow.
2. The team sourced guidance from the QB tech team which has been used to develop a standard operating procedure for clinical staff to ensure continuity in the staff's responses to parents being present during neurodevelopment assessments.

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. SystmOne 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 by an acute hospital into the speech and language service. The complainant was not taken on by the team and there was a delay in the referral being processed.

Recommendations and actions taken:

1. The service reviewed the triage process with the acute trusts and a clear referral pathway has been agreed in line with the care and treatment the speech and language service are commissioned to provide. This referral pathway has been shared with the acute hospitals.

Access to Services – cancelled/delayed appointment

Complaint regarding the delay in a child's referral to child and adolescent mental health services being reviewed and the outcome being provided to the parents.

Recommendations and actions taken:

1. Review of the administration process following referrals being accepted. The Team Manager and Admin Team Lead created a standard operating procedure for staff to follow, and this was shared with all the administration staff.

Equipment – lack of/inadequate equipment

Complainant unhappy with the length of time taken for their catheter to be removed.

Recommendations and actions taken:

1. Additional bladder scanners were purchased and additional training on their use available for community nursing staff.
2. Information about the process and criteria for a trial without a catheter disseminated to the neighbourhood team staff.

Staff attitude

Complainant rang the admin hub to request a district nurse visit for their relative. The complainant felt the member of staff was rude and abrupt, and was unhappy a nurse was not available.

Recommendations and actions taken:

1. A review of the triage processes for district nurse referrals is being completed, and a triage nurse is now based within the admin hubs.

6. OMBUDSMEN

6.1 Parliamentary and 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 2017/18, the Trust had initial contacts for 9 cases including requests for the complaint files and/or clinical records, or further information. Of these 9 at the time of writing the report:

- 1 related to a historical Serious Incident but the Trust have not received any further communication from the PHSO.
- 2 were 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.

The PHSO have provided the draft report for a case relating to a disagreement with diagnosis and the care and treatment received in the community.

A PHSO Final Report was received relating to the Eating Disorders Service and was deemed to be upheld.

PHSO Recommendations for CPFT	Action taken by CPFT
Apology to the family	Formal apology letter was sent.
Financial remedy of £3000 to acknowledge the impact the Trust's failing had on the patient and family.	Cheque was sent to the complainant.
Develop a protocol for the smooth and safe transition from ward to Community ensuring that Care Coordination is in place and agreed prior to discharge.	A steering group was set up to review the existing discharge process and strengthen risk management in care planning.

The PHSO made national recommendations as they identified wider learning for the NHS from this case.

- The General Medical Council (GMC) should conduct a review of training for all junior doctors on eating disorders. The Faculty of Eating Disorders at the Royal College of Psychiatrists is currently conducting a survey of medical schools and colleges to better understand the paucity of training on eating disorders. We would encourage the GMC to use the findings of this research to inform their review.
- The Department of Health and NHS England should review the existing quality and availability of adult eating disorder services to achieve parity with child and adolescent services. In addition to CQUINs 5 and new NICE guidance on eating disorders, NHS England and the Department of Health should consider the possibility of developing benchmarking guidance for adult eating disorder services and appropriate measures of success for this. Any guidance should take account of any funding earmarked within the Five Year Forward View for Mental Health for adult eating disorder services and the availability of resources locally so that standards are achievable.
- NICE should consider including coordination as an element of their new Quality Standard for Eating Disorders.
- Health Education England should review how its current education and training can address the gaps in provision of eating disorder specialists we have identified. If necessary it should consider how the existing workforce can be further trained and used more innovatively to improve capacity. Health Education England should also look at how future workforce planning might support the increased provision of specialists in this field.
- Both NHS Improvement and NHS England have a leadership role to play in supporting local NHS providers and CCGs to conduct and learn from serious incident investigations, including those that are complex and cross organisational boundaries. NHS England and NHS Improvement should use the forthcoming Serious Incident Framework review to clarify their respective oversight roles in relation to serious incident investigations. They should also set out what their role would be in circumstances like the Hart's, where local bodies are failing to work together to establish what has happened and why, so that lessons can be learnt.

A full copy of the published PHSO Report 'Ignoring the alarms: How NHS eating disorder services are failing patients' can be found here:

<https://www.ombudsman.org.uk/sites/default/files/page/ACCESSIBLE%20PDF%20-%20Anorexia%20Report.pdf>

The Trust also received the Final Report for an ongoing case from 2016/17 relating to a joint complaint with Hinchingsbrooke Hospital from 2015/16. This was determined as not upheld.

<p>6.2</p>	<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 2017/18, the Trust has been involved in one case from Joint Working Team involving Cambridgeshire County Council, and the Learning Disability Partnership. 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.</p> <p>During this period the Trust also received the LGO report closing the case reported in 2016/17. The investigation report recommended the Trust provide financial remedy to the complainant, and deemed the case was not upheld against the Trust about the care and treatment provided since 2014. The failure to provide support and provide adequate respite arrangements was upheld.</p> <table border="1" data-bbox="197 640 1385 1025"> <thead> <tr> <th data-bbox="197 640 1002 696">Joint Working Team Recommendation</th> <th data-bbox="1002 640 1385 696">Action taken by CPFT</th> </tr> </thead> <tbody> <tr> <td data-bbox="197 696 1002 931">Apology to be offered for the lack of formal support between September and December 2014, adverse impact on both their wellbeing, failure to complete formal assessment, provide written information about budgets, and complete an outcome based support plan when arranging respite.</td> <td data-bbox="1002 696 1385 931">Letter of apology sent to the complainant and patient.</td> </tr> <tr> <td data-bbox="197 931 1002 1025">Financial remedy to be paid of £900.</td> <td data-bbox="1002 931 1385 1025">Cheque sent to complaint and patient.</td> </tr> </tbody> </table>	Joint Working Team Recommendation	Action taken by CPFT	Apology to be offered for the lack of formal support between September and December 2014, adverse impact on both their wellbeing, failure to complete formal assessment, provide written information about budgets, and complete an outcome based support plan when arranging respite.	Letter of apology sent to the complainant and patient.	Financial remedy to be paid of £900.	Cheque sent to complaint and patient.
Joint Working Team Recommendation	Action taken by CPFT						
Apology to be offered for the lack of formal support between September and December 2014, adverse impact on both their wellbeing, failure to complete formal assessment, provide written information about budgets, and complete an outcome based support plan when arranging respite.	Letter of apology sent to the complainant and patient.						
Financial remedy to be paid of £900.	Cheque sent to complaint and patient.						
<p>7.</p>	<p>EXTERNAL REPORTS</p>						
	<p>In March 2018 the PHSO published NHS failing patients with mental health problems Vulnerable patients with mental health conditions are being badly let down by the NHS, causing them and their families needless suffering and distress.</p> <p>The Ombudsman has also found that NHS mental healthcare staff can lack the capacity, skills and training they need to do their job effectively, and do not always have the support they need to learn from mistakes.</p> <p>Following an analysis of over 200 mental health complaints upheld by the Ombudsman, the report highlights five common failings that are compromising patients' safety and dignity:</p> <ol style="list-style-type: none"> 1. Failure to diagnose and/or treat the patient: One investigation found that a woman was treated with anti-psychotic drugs for a psychotic episode but had a life-threatening reaction to them. Her physical symptoms were dismissed and tragically she died. 2. Inappropriate hospital discharge and aftercare of the patient: In another case, a young man who had a complex history of mental health problems died from a drug overdose after being discharged from the local community mental health service, without a care plan in place. 3. Poor risk assessment and safety practices: The report reveals how a young person suffering from bipolar disorder and on the autism spectrum was physically assaulted by another patient in a residential home, causing them immense fear and distress. A risk assessment, which could have easily prevented the assault, was not carried out. 4. Not treating patients with dignity and/or infringing human rights: Another investigation found that a woman suffering from a psychotic episode was not given sanitary products while she was 						

	<p>menstruating so she was forced to use a plastic cup. This was deeply humiliating for her and did not respect her dignity and well-being.</p> <p>5. Poor communication with the patient and/or their family or carers: The report tells how a woman who had a history of bipolar disorder had her new born baby taken from her unnecessarily and without explanation, causing her immense distress.</p>
8.	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 2017 and 31 March 2018, approximately 170 surveys and self-addressed envelopes were sent to complainants with their response and 35 were returned.</p> <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. This is a similar trend to the previous financial year.</p>
9.	KEY PRIORITIES AND IMPROVEMENTS FOR 2018/19
	<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 continue to develop working relationships with the local healthcare stakeholders to improve timeframes and management of joint complaint investigations. 4. To work with Directorates to improve the average response times for complaints. 5. To facilitate opportunities for local resolution meetings. <p>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.</p>
10.	RECOMMENDATIONS
	<p>The Quality, Safety and Governance Committee is asked to approve this report.</p>