

## **Complaints & Patient Advice and Liaison Service (PALS) Patient Safety Annual Report 2018/19**

### **1 Introduction**

#### 1.1 Background & Context

East London NHS Foundation Trust (the Trust) is committed to responding to complaints promptly and efficiently and adheres to the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

The Trust is committed to improving the services and care that we provide; feedback we receive from patients, their families and carers, helps us to identify the areas where we need to improve and ensure that action is taken to prevent the same things happening again.

The courage and willingness of individuals to share their personal insights into care that has not gone according to plan or expectations, provides unique learning opportunities for the Trust. Personal experiences of services that may not have met the needs of individuals are shared to prevent similar occurrences for other service users. ELFT are committed to listening to and acting on these concerns.

The Trust ensures that those wishing to complain, or make a comment about the services received, are listened to and are confident that they will not be discriminated against for making a complaint.

#### 1.2 Complaints organisational support structure<sup>1</sup>

Concerns, complaints & compliments are overseen and supported by an independent (corporate) dedicated, combined Complaints & PALS team to ensure that processes and outcomes are impartial, fair, flexible and conciliatory.

Our PALS staff work with service users and their families and carers who wish to have a speedy and informal resolution to the issues they have raised, and provide advice to those who want to have their concerns managed through the formal process.

Our Complaints Officers facilitate and oversee the investigations and responses to formal complaints, liaising closely with complainants and services to ensure timely and robust responses to the concerns raised.

The Complaints and PALS team also log and monitor compliments that are sent to the Trust regarding the services it provides.

Within each of the Trust's directorates, the local governance teams facilitate local resolutions, undertake investigations into formal complaints and implement changes resulting from actions agreed in complaint responses.

The Trust's Chief Executive Officer personally oversees, reviews and signs off every formal complaint response to reassure service users, carers and families of

the importance the Trust places on complaints at the most senior level of the organisation.

### 1.3 Purpose of the report

Under the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 (Regs), and the Parliamentary and Health Service Ombudsman (PHSO) Principles of Good Complaint Handling (2009) the Trust is expected to produce an annual report for complaints.

This report provides statistical information and a summary of the types of complaints received for the year 2018/19 and the Trust performance in responding to these. Additionally, it highlights the number of compliments received and details how and where the Trust has listened and learnt from the feedback from complaints and how this has affected positive changes to the care and experience of our patients and their carers.

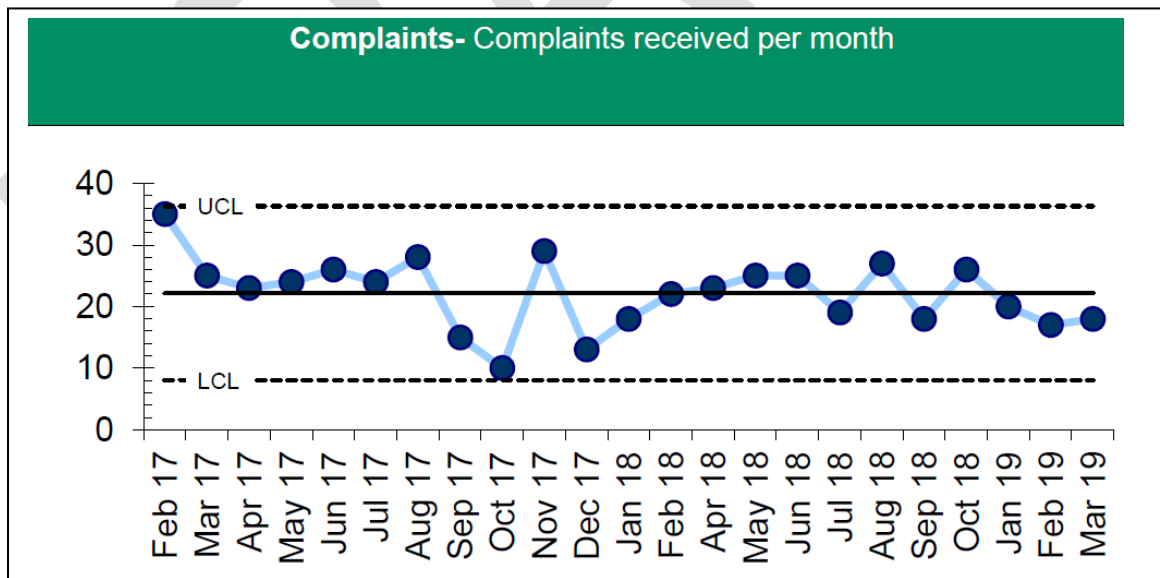
<sup>1</sup>Please see section 7 for details of the complaints handling quality improvement project

## 2 Formal complaints

### 2.1 Complaints received

During this reporting period, a total of 244 formal complaints were reported within ELFT compared to 245 reported in 2017/18.

**Chart 1-** New complaints by month



**Table 1- Complaints distribution**

Directorates	Complaint distribution 17/18	Complaint distribution 18/19
Bedford MHS	48	59
City and Hackney MHS	44	36
Corporate	0	1
Forensic Services	12	11
Luton MHS	30	20
Newham MHS	25	29
Community Health Services Newham	29 (total for all CHS)	17
Community Health Services Tower Hamlets	-	6
Community Health Services Bedfordshire	-	13
Specialist Services and CHN Children's Services	21	22
Tower Hamlets MHS	36	30
<b>TOTAL</b>	<b>245</b>	<b>244</b>

**Table 2- Complaints by source**

Source	Complaint distribution 18/19
Email	151
Letter	47
Phone Call	33
In Person	1
Complaint Form	3
Via an Advocate	5
Via an MP/Councillor	1
Via Solicitor	1
Via PHSO/CQC	0
Via another NHS Trust	2
<b>TOTAL</b>	<b>244</b>

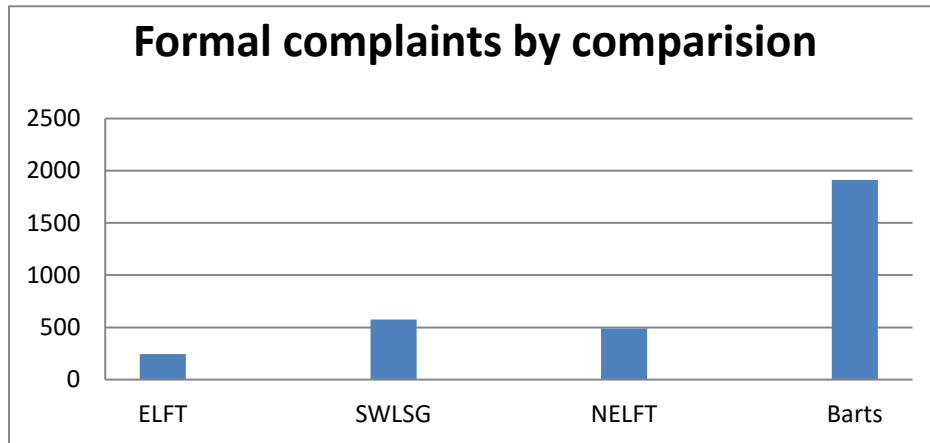
Neighbouring Trusts of similar service, structure and populations were contacted for data benchmarking and comparative purposes. The following Trusts kindly shared their complaints data with ELFT:

In the reporting period 2018/19;

- South West London & St Georges recorded 576 formal complaints
- North East London Foundation Trust recorded 490 formal complaints
- Barts Health\* recorded 1911 formal complaints in the same reporting period.

*\*Whereas Barts Health are an acute Trust with differing service structures and provision compared to ELFT, their complaints figures were also sought to show a comparison between a community foundation Trust and an acute NHS Trust.*

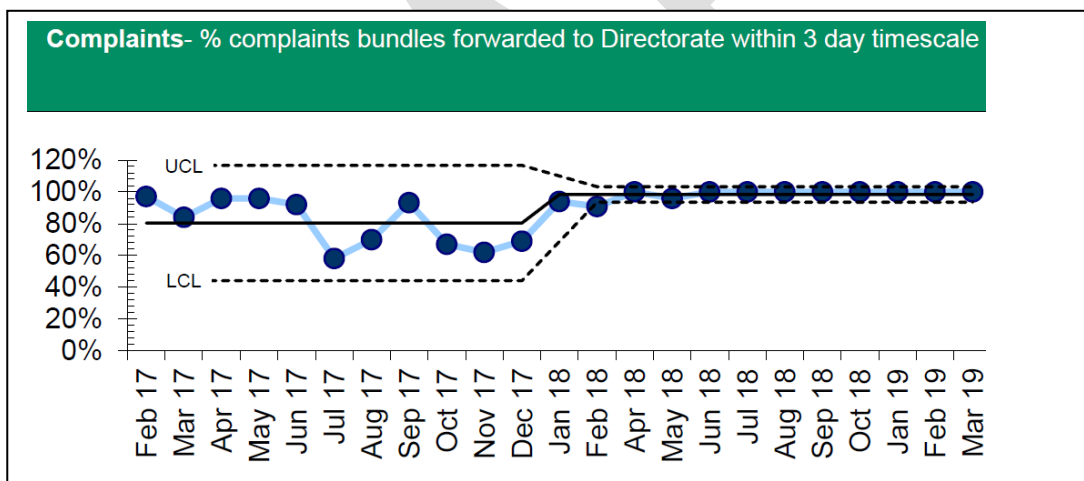
**Chart 2- Formal complaints by comparison with neighbouring Trusts**



**2.2 Timescales and response rates**

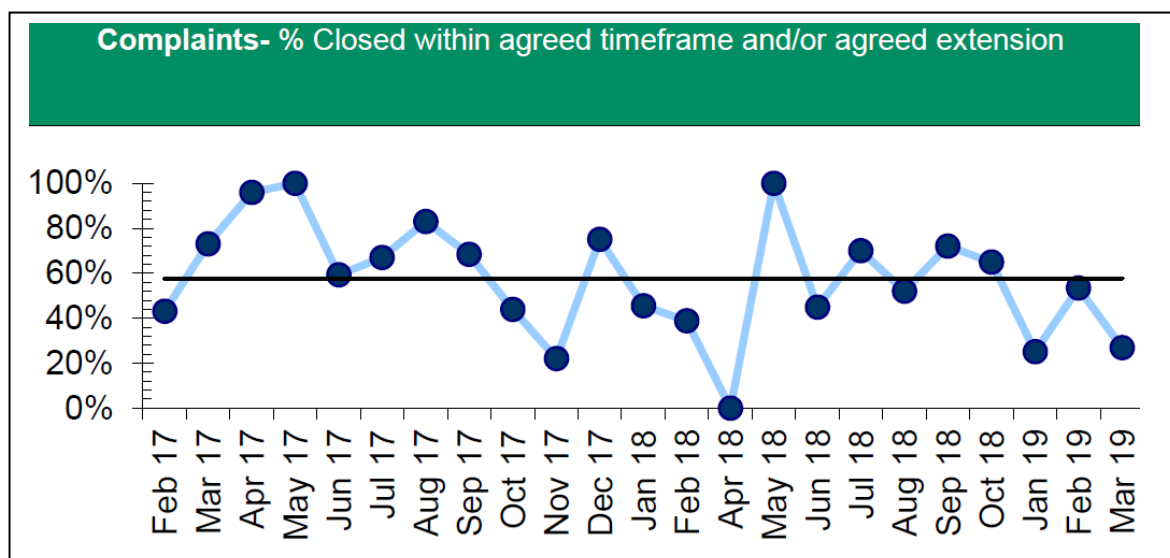
As stipulated in the 2009 Regulations; the Trust is expected to acknowledge formal complaints within three working days of receipt. The Trust aims to achieve a minimum of 90% success rate. Of the 244 complaints received in 2018/19, the Trust acknowledged 244 (100%) within this timeframe.

**Chart 3- Initial complaint acknowledgment and management**



The current Trust target is to respond to 65% of complaints within an agreed timeframe of 25 working days/or within an agreed extension. On average, 62% of Formal Complaints were responded to within this timeframe during this period. However, as chart 4 demonstrates, anticipated timescales were not always met.

**Chart 4- Adherence to timeframe**



### Challenges to timescales

Many factors influence the time taken to undertake an investigation into formal complaints including the complexity of the complaint (multiple services or agencies involved, extensive records to review, multiple staff to interviewer etc.); availability of individuals to contribute to the investigation (patient's health limiting their availability, staff absence, externally employed staff etc.); capacity of staff to undertake investigations (competing demands on clinical roles, experience of staff undertaking investigations etc.) and processes required to undertake investigations and provide responses (seeking consent; interpretation needs, complex complaint letters; drafting responses; quality assurance and sign off of response letters etc.).

### Solutions

A Quality Improvement project has been established to review the Trust's organisational approach to complaints handling with a view of improving the timeliness and quality of responses and actions resulting from formal complaints. Please see section 7 for further details of the project to date.

### 2.3 Patient safety learning themes

Of the 244 complaints received during 2018/19, the top five themes were:

- Communication/Information
- Clinical Management
- Attitude of Staff
- Assessment
- Access to Services

**Table 3-** Patient safety learning themes by distribution

Top 5 Sub-subjects by Directorate	Communication/ Information	Clinical Management	Attitude of Staff	Assessment	Access to Services
Bedford	15	5	6	8	10
City and Hackney	8	2	6	2	3
Forensic Services	3	2	2	0	0
Luton	3	4	3	5	1
Newham	5	5	1	1	3
Community Health Services (combined)	4	8	4	2	0
Specialist Services	8	0	0	2	7
Tower Hamlets	6	1	2	4	2

In comparison, ELFT’s neighbouring Trusts of similar service, structure and populations shared their top five complaints themes as follows:

South West London & St Georges’ main themes were:

- Communication
- Values/Behaviours (attitude)
- Clinical treatment

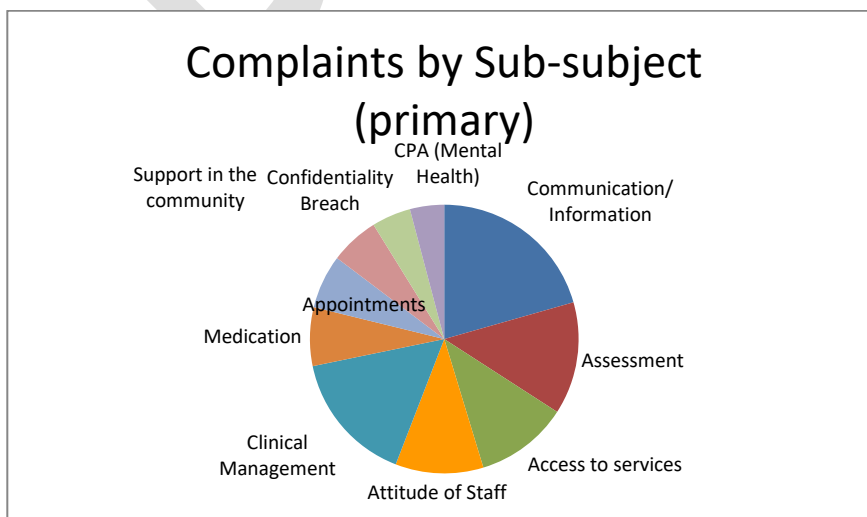
North East London Foundation Trust’s main themes were:

- All aspects of clinical treatment
- Attitude of staff
- Communication/Information
- Appointment delays
- Admissions, discharge and transfer

Barts Health main themes were:

- Diagnosis and treatment
- Communication
- Appointments / clinics
- Delays in care
- Security & unacceptable behaviour

**Chart 5-** complaints sub-subjects overview



## 2.4 Complaint outcomes

Upon completion of the complaint the investigating officer will document the outcome of the complaint as fully upheld, partially upheld or not upheld.

Of the 244 formal complaints received by the Trust in 2018/19, 23% were upheld, 33% were partially upheld, 37% were not upheld and 7% were withdrawn by the complainant.

**Chart 6-** Complaint outcomes



## 3 **PALS (Patient Advisory & Liaison Service)**

### 3.1 Total number of PALS inquiries/contacts

The Trust received 1236 PALS contacts compared to 1048 in 2017/18 of which, 692 sought resolutions for their concerns, with the remaining 544 contacts being logged under general advice and information.

### 3.2 PALS themes

Most commonly raised issues remain similar to those reported last year including communication; clinical management; appointment issues (late/cancellation) and requests for information pertaining to third party providers.

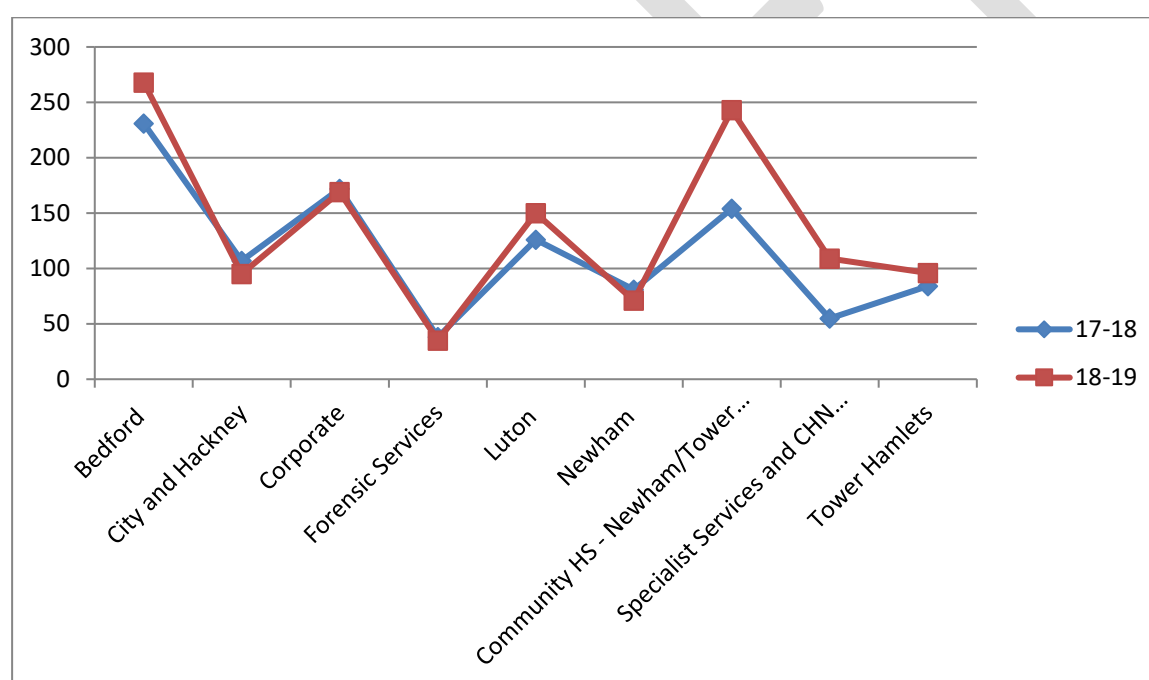
In 78% (540) of all PALS contacts, the Trust resolved the issue to the satisfaction of the individual. 6% (36) cases were escalated to a formal investigation under the Trust's complaints procedure and 16% (116) of cases the issues were either passed to the local teams to undertake further work with the service users, or the Trust considered there was nothing further that could be done to resolve the issues.

The below table and chart provides a break down on the distribution of PALS contacts per Directorate for 2018/19.

**Table 4-** distribution of PALS contacts per Directorate

Directorates	PALS distribution 17/18	PALS distribution 18/19
Bedford MHS	231	268
City and Hackney MHS	107	95
Corporate	172	169
Forensic Services	38	35
Luton MHS	126	150
Newham MHS	81	71
Community Health Services - Newham	154 (combined figure)	79
Community Health Services Tower Hamlets	-	86
Community Health Services Bedfordshire		78
Specialist Services and CHN Children's Services	55	109
Tower Hamlets MHS	84	96
<b>TOTAL</b>	<b>1048</b>	<b>1236</b>

**Chart 7-** Distribution of PALS contacts per Directorate



#### 4 Parliamentary and Health Service Ombudsman (PHSO) contacts and investigations

As part of the complaints regulations 2009 if the complainant is dissatisfied with the way their complaint has been managed by the Trust and local resolution of their complaint is not achievable, the complainant has the option to take their complaint to the PHSO and request an independent review of the Trust's complaint response and investigation.



In 2018/19 the Trust received 17 contacts from the PHSO based on complainants expressing disagreement with the Trust's response/outcomes of their complaint. This compares to 13 PHSO received in the previous year.

Of the 17 PHSO contacts; 6 were upheld/partially upheld by the Ombudsman requiring the Trust to apologise and formulate action plans; 6 were not upheld by the PHSO, 1 was discontinued by the PHSO or withdrawn by the complainant and the remaining 4 inquiries are open/on-going at time of reporting.

## 5 Compliments

The Trust received 587 formal compliments compared to 331 compliments in 2017/18- many more were received informally and therefore not recorded.

### Examples

*"A huge thank you to the OT Team for the care and support provided"*

*"Just want to record my appreciation for the excellent care given to my daughter by the Mile End Hospital at Home Team"*

*"All staff did an amazing job looking after our dad"*

*"Big thanks to all at the memory clinic Bedford"*

*"Please find enclosed a cheque for £1000. This is on behalf of my late brother. He received wonderful care from the Bedford Macmillan nurses. He asked me to make sure that the team received this money"*

## 6 Patient safety learning events

Each directorate runs quarterly learning seminars to discuss the number and themes of complaints received to ensure shared learning among the clinical teams.

Additionally, the PALS and Complaints team have facilitated Trust-wide 'learning from complaints' conferences. These are attended by the Trust's Executive and Non-Executive Directors; directorate senior managers and staff; complaint investigation officers; representatives from the Clinical Commissioning Group and voluntary organisations; and also by service users.

The last event was held in Luton in July 2018. The focus was on round table discussions during which examples of formal complaints for each directorate were discussed. Additionally, complainants joined the event to share their personal experiences.

A presentation was given by ELFT's Community Health Services, on the developments in the Trust's community services over the past 18 months which supports the Trust's planned changes to the Trust wide approach to complaints handling.

The next Trust wide learning event is scheduled for October 2019 and will be an all encompassing Patient Safety Learning event combining learning from complaints, incidents, good practice and near misses.

## **7 Trust developments**

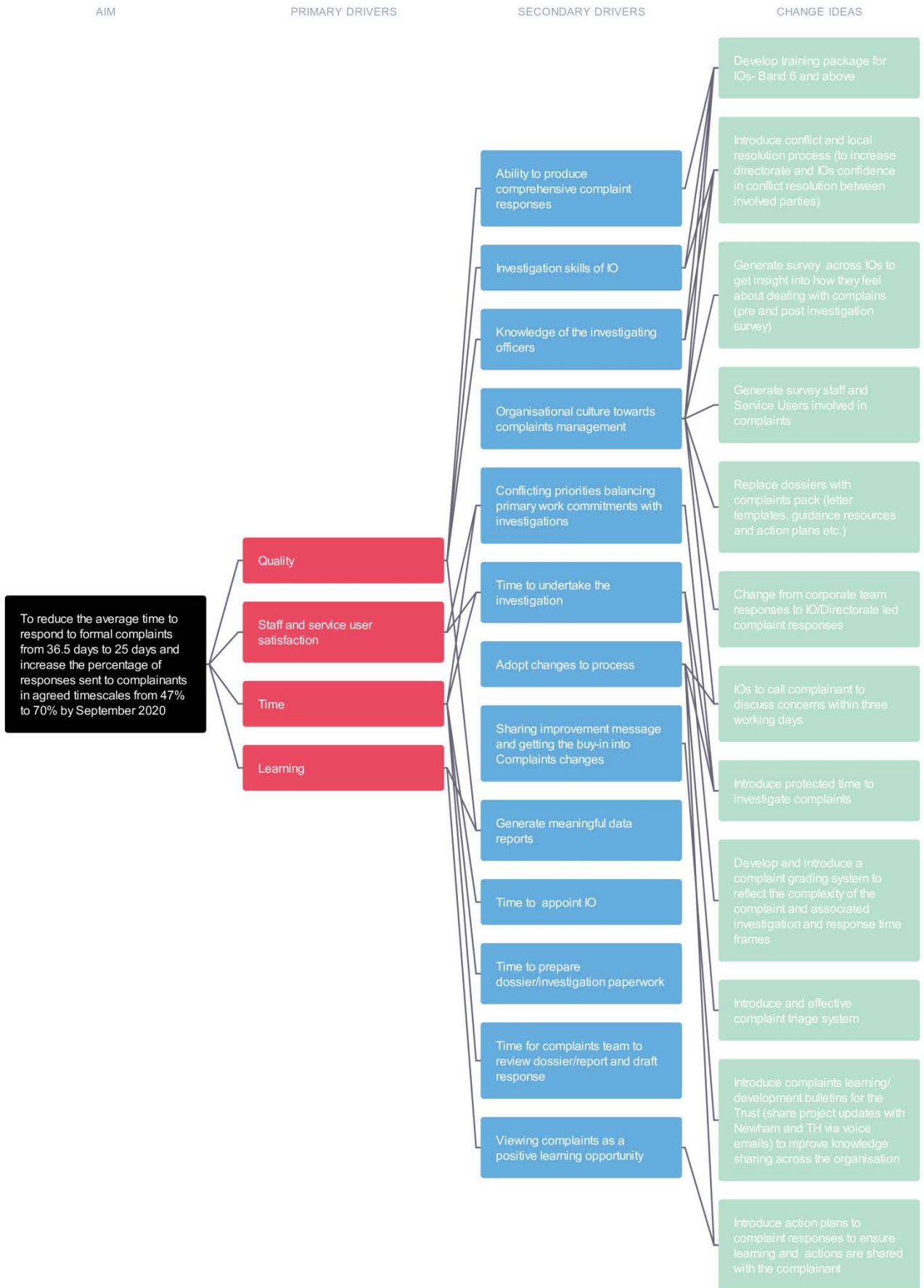
### Complaints Quality Improvement (QI) project to date

A Quality Improvement project was commenced at the beginning of Q2 with the focus on reviewing the Trust's approach to formal complaints management. The initial phases of the project are working with Newham and Tower Hamlets MH Directorates with the wider aim of Trust wide role out.

This project is supported with 'Big I' service user involvement. The service user has been involved with the project from day one and is integral to the progress of the project as complaints is all about the experience of service users and or their concerned family and advocates.

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# Complaints QI project driver diagram:



Generated by LifeQI

### Service user involvement

In addition to the Quality Improvement (QI) project, in conjunction with the People Participation Team and ELFT's CEO, the complaints team has re-visited service user involvement directly with the team. This includes support with quality assuring investigation reports and responses from the investigating officers. This commenced February 2019.

Our service user joins the complaints team three times each week and said of her role:

*"Hi my name is Rachael and I am a service user. I have been working in the complaints department for the last 3 months. My role includes drafting complaint responses to service users and carers, reviewing complaint responses and providing feedback; helping to design leaflets for our new PALS & Complaints clinics. The role is challenging yet rewarding and I feel like I can bring a fresh perspective when dealing with complainants as I have walked in their shoes. I have really enjoyed my time so far in complaints and feel like my contribution is valued. The fact that I am getting back into mainstream employment after a while out of work has given my self-esteem a real boost. I feel well supported and my team is fantastic!"*

## **8 Non Executive annual audit report**

### **East London Foundation Trust**

#### **Non Executive Director – Marie Gabriel and Jenny Kay audit of a sample of complaint files; December 2018**

##### **What did we do?**

Marie Gabriel, Chair and Jenny Kay, Non Executive Director reviewed ten complaints files - (five each) selected from a variety of directorates and locations, and a variety of serious and less serious complaints. We also spoke with the complaints manager, Carole Shackleton and Jenny spoke with staff in the complaints and PALS team.

##### **Summary of findings**

This is the fourth year of complaints audits by Non-Executive Directors (Jenny Kay has been involved in all of them) and sadly this year there seems to have been a deterioration in quality of complaints response, following an improvement in 2017. We note that the manager and team personnel have changed again this year. We were impressed by the approach of the team manager and the team members who were skilled, dedicated and compassionate to the complainants. We are most concerned however that this 'churn' has been a regular occurrence.

There were some excellent responses and good indications that there was more informal telephone contact with complainants from the complaints team and local investigation managers.

However too many complaints responses were poor.

Sadly, we have to conclude that the organisation has not improved. The concerns we identified include:

- lack of empathy
- too long letters and managerial language
- no evidence of organisation of systemic learning
- poor partnership working where complaints cross organisational boundaries
- lack of resolution or meaningful apology
- issues of staff attitude poorly dealt with, little evidence of reflective learning about relationships
- or behaviour
- 'judicial' or adversarial approach to complaints investigation, rather than 'hearing and
- recognising the message'.

I will not go into the detail on these issues of concern here, because, having reviewed my previous reports (2015, 2016 and 2017) they are the same. Please review those reports alongside this one.

## **Recommendations**

### **1) Team stability**

We recognise there has been yet another change in complaints management, manager and personnel, all of whom seem individually very able. However we recognise that we cannot improve (or sustain improvement) if staff and management change so often. The Executive Team will need to reflect on what is required to stabilise this team.

## **Response**

*We are pleased to report that the levels of stability within the complaints team has positively changed since the 2018 review of the department. The current complaints team manager has been stably in post since April 2018, additionally two internal candidates (previously PALS and Complaints Officers) have been promoted to Complaints Officer roles within the department contributing stable organisational knowledge and resources to the team. It has been recognised that the changes in senior leadership within the Risk and Governance team also acted as a contributory factor to the attrition rate of previous complaints team members as a result of different complaints management styles and differing focusses being requested for complaints responses. The stability of the department's senior leadership team including the appointment of an experienced Associate Director with a wealth of complaints handling experience has provided practical support to the team and an invaluable resource to the final complaints responses produced with 100% of all complaints responses receiving quality assurance checks to ensure that the letters are; written appropriately, address all the issues raised in the original complaint, and that learning outcomes are commensurate to the complaints issues raised.*

### **2) Quality improvement, assurance and control**

The Executive Team to 'own' the whole cycle of quality improvement, quality assurance and quality control in relation to complaints responses. The complaints team were frustrated that the one performance indicator which seems to matter internally and externally (Clinical Commissioning Groups - CCGs) is timeliness, not quality of letters. This will require a strategic approach and a radical rethink of how the organisation improves the quality of its responses (quality improvement), sustains

that improvement (quality control), and continually monitors quality of responses (quality assurance).

## **Response**

*In a bid to support the Trust's effective engagement and learning from complaints a QI project focussed on Directorate effective complaints handling and learning from outcomes commenced in 2018.*

*Additionally, as of March 2019 and the appointment of a substantive Associate Director of Governance and Risk all draft responses are scrutinised and quality assured (QA) by the Associate Director of Governance & Risk before they are sent to the Chief Executive Officer for approval. The complaints team have also received training on how to effectively QA responses to ensure that all complaints issues are addressed and that the language in response letters are reader friendly. The presence of a volunteer service user, within the team, has acted as an invaluable resource in providing guidance on the appropriateness of written complaints responses. Altogether, these approaches have ensured the production of more robust and consistent complaint responses.*

*Internal departmental trackers and key performance indicators for the drafting and disseminating of complaints both to Directorates and for Executive sign off have worked to ensure that the Trust works within its specified timescales to ensure that completed complaint responses are produced on time. Where, it is anticipated that these timescales cannot be met for a range of reasons including for example; multi agency involvement, complexity of complaint or staff absences. The complaints team will routinely renegotiate extended timescales and keep complainants abreast of the progress of their complaint response.*

## **3) Board level oversight**

The Board will need assurances that there is a clear process for ensuring a sustained high quality response, including how learning is identified and implemented. As part of this the Board will wish to consider how it will continue to assure itself of the sustained quality of complaints responses through its quality reporting.

## **Response**

*In regards to monitoring and oversight of the quality of complaint responses, proposals are currently being negotiated that the Trust's Quality Dashboard Metrics should be updated to replace solely monitoring timeframes as a measure with the addition of quality measures. These would include monthly reporting on:*

- *Numbers of complaint responses where complainants comeback to the Trust indicating they are not satisfied with the response (i.e. did not address all their points of concerns)*
- *Numbers of PHSO cases where the PHSO has upheld cases brought to their office for investigation by complainants dissatisfied with the Trust's response to their complaint*
- *Numbers of draft complaint responses that are rejected by the CEO during the sign off stage*

*These metrics will be scrutinised by the Quality Committee monthly, and any exceptions escalated to the Quality Assurance Committee via the regular exception report provided. These measures will provide assurances to the Board regarding the effectiveness of complaints handling processes and a mechanism to identify early*

*stages of positive and negative patients and service users engagement with the complaints process.*

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