

**NHS**

Essex Partnership University  
NHS Foundation Trust

# Complaints & Compliments

**Annual Report  
2022/2023**

**May 2023**

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## PURPOSE

The purpose of this report is to provide an overview of the complaints, PALS enquiries and compliments that were received by the Trust throughout the year from April 2022 to March 2023. As well as data relating to volumes, response times and themes of complaints, it presents an update on our new complaints process and an overview of improvement actions that have been taken because of the feedback we received from people who use the service (staff and complainants). The report also includes examples of lessons learned from complaints and compliments, provides an update on the priorities we identified last year and sets out our priorities for 2023-2024.

## SUMMARY

Essex Partnership University NHS Foundation Trust (EPUT) provides services to more than 3.2 million people living across Luton and Bedfordshire, Essex and Suffolk. With more than 5,500 staff working across over 200 sites, we also provide services in people's home and community settings.

The Complaints Team is part of the Patient Experience portfolio, and provides a Complaints Service and Patient Advice and Liaison Service (PALS) for people who use the Trust services. This includes current and past service users or patients, carers, friends and relatives. We are there to help provide resolution, and rebuild relationships. We work across and with all our services.

## Complaints

This year we have made some fundamental changes to the way we handle complaints within the Trust, following a comprehensive review of our process through coproduction, with services and service users, including complainants. As a group, the coproduction collectively reviewed and redesigned the complaints process, changing processes, policies and recommending the setup of a dedicated complaints liaison function in the complaints team that support the complainant, and services, from the first interactions right through to the resolution or conclusion of the complaint. Through co-design, our new complaints process is based on 5 key principles:

1. We are Service User Led and Outcome Focussed
2. Our approach is Fair and Accountable
3. We communicate and respond in a timely manner
4. Our Staff feel Supported
5. We have a Just and Learning Culture

Our new process launched in January 2023 and we are already seeing a significant improvement in our ability to respond and resolve complaints with a 35% reduction in the average response time to resolve complaints. Having said that, we continue to need the support of the services and operational teams, to respond to questions, concerns, and agree outcomes which deliver resolutions which are fair, realistic and mutual, and we thank the services for supporting us through the transformation of the service. In addition to this, as part of the new process we have changed the approval process so that we can respond faster, take accountability within the right directorates, and share ownership of when we get things wrong.

The changes to our complaints process means that data on whether these complaints are ‘formal complaints’ or ‘rapid response’ complaints is not directly comparable between years. Our new process (from 1 January 2023) provides a more complainant-led approach to resolution, and we no longer categorise complaints as either “Formal Complaints” or “Rapid Resolutions” based on pre-set criteria. Complaints received directly into the Complaints Team are now all logged as Formal Complaints, and the route to resolution is agreed collaboratively in early discussions between the Complaints Liaison Officer and the complainant. We recognise that some complaints are more complex than others to investigate, and wherever possible we take opportunities to provide faster resolutions to less complex complaints. Where we can do this without conducting a formal investigation, the outcome is recorded as “Resolved Informally”, but the complaint type remains as “Formal Complaint”.

- The trust received 631 complaints in 2022/23 which is a 2% increase compared to the previous year when the trust received 619 complaints.<sup>1</sup>
- 397 were formal complaints; 115 were rapid response (informal); 48 were local resolution; and 71 were letters from MPs.
- Only 59 formal complaints (16%) were resolved within the Trust’s target of 40 working days.
- However, 91% of formal complaints were closed within agreed timescales (this includes extended timescales and delays).
- We received more formal complaints (397) that we closed (380) which led to the backlog of unresolved cases increasing from 140 as at 31 March 2022 to 157 as at 31 March 2023.
- We have seen a 35% reduction in response times since the new complaints process was introduced in January 2023. We anticipate the new process will reduce the backlog of complaints over 2023/24.
- The top category for Formal Complaints and Rapid Responses was “Unhappy with treatment (clinical)”, however the top theme of complaints received via MPs was “Lack of Community Support” for the second year.
- 7 cases were referred to the Parliamentary and Health Service Ombudsman (PHSO) as the complainant was unhappy with the response received from the Trust.

The Trust has a strong and developing culture of learning, and recognises complaints as a valuable source of feedback from which we can learn and improve our services. As part of the complaints investigation process, we consider the actions needed to prevent errors from reoccurring, or to minimise the risk. Lessons are identified and agreed by the Complaints Liaison Officer in collaboration with the person making the complaint and a clinical advisor from within the service.

After the complaint resolution is sent, the Complaints Team follow up with the service to provide assurance that improvement actions have been taken forward and embedded into everyday practice. All complaints are logged onto the Datix reporting system and are cross-referenced with incidents that have been logged separately, to highlight any incidents that are connected to the complaint.

Lessons identified are presented monthly at the Learning Oversight Committee and circulated Trust-wide in the Lessons Identified Newsletter. Learning from complaints is also discussed at monthly Quality & Safety meetings, and the Commissioners of EPUT's services receive a quarterly report containing the lessons learned from complaints for their specific geographical areas. Some examples of lessons learned from complaints over the past year are supplied below.

As a service, we do continue to have some challenges, constrained resource, and limited capacity in the frontline teams to support the complaints liaison team, although we have made huge progress, and we know as an organisation our perspective on complaints has shifted in the last year, and will continue to in the next year. We have a shared responsibility to address concerns and complaints when something not right. We thank those people who come forward and identify where we have it wrong, and we aim to resolve issues quickly and in a way that reasonably meets expectations, taking each learning opportunity as they come.

Our focus for the year ahead will be to continue to embed the new process, resolving complaints quickly and informally, change the culture of complaints, and support our services to improve. To do this we need the support of all our staff and services. What we do together matters.

### [Patient Advice and Liaison Service \(PALS\)](#)

PALS logged 1,337 enquiries and issues for resolution during the year 2022-23, which was an increase of 15% on the previous year (1,158).

The top 10 reasons for contacting PALS were Request for Information; Care; Assessment & Treatment; Unhappy with Treatment; Lack of Community Support; Medication; Communication breakdown with

relatives; Sharing of Information/Record Keeping; Discharge. These topics account for 54% of all enquiries.

The majority of contacts to PALS are either resolved by the team or passed to the relevant services. If the issue requires a formal complaints investigation it is passed to the Complaints Team to action through the Trust's complaints process. A total of 47 (3.5%) were passed to the Complaints Team as formal complaints.

In addition, PALS Officers signposted 677 enquirers for help to other services/ organisations.

### Compliments

2,195 compliments were logged by the Trust in 2022/23, which is a 13% increase on the previous year (1,936), and reflects the ongoing work of the Patient Experience Team to make it more accessible for people to share their feedback with the Trust.

Services directly received 1320 compliments and 875 compliments were made via IWantGreatCare (Friends and Family Test feedback).

### Priorities for 2023/2024

We have identified the following priorities for 2023/24:

- Embed new complaints process.
- Enhance PALS accessibility by creating a network of volunteers onsite within our services to provide support and advice, and proactively seek feedback from our service users.
- Implement self-logging facilities for staff and service to log informal complaints and compliments
- Establish an effective feedback process (service user survey, and quality feedback from NEDs and Patient & Carer Forum) for the complaints process
- Datix development so that people can self-log local resolutions (like they do with compliments)
- Consolidate complaint themes and align across PALS & Complaints so that theme analysis is more meaningful
- Engagement with Deputy Directors of Quality and Safety to implement effective feedback and follow up on lessons/ actions
- Review the information on the Trust website, make it more accessible and less confusing regarding PALS or Complaints

## FORMAL COMPLAINTS

Under our old process, complaints received directly into the Complaints Team were logged as a Formal Complaint if we felt they required a formal investigation in order to provide a resolution. These would then be responded to in writing by the Chief Executive.

At logging stage, if we identified that the complaint could be resolved informally (without a formal investigation), it was directed to the relevant service for resolution as a “Rapid Response”.

Under our new process (implemented in January 2023) we take a more service user-led approach to complaint resolution.

All complaints received directly into the team are now logged as Formal Complaints, and allocated to a Complaints Liaison Officer (CLO) within the Complaint Team. The CLO agrees how to proceed with resolving the complaint in collaboration with the complainant. If it is possible to provide a faster resolution without conducting a formal investigation, the CLO will liaise with a clinical advisor from within the service to help facilitate this (for example, with a phone call or meeting with an appropriate service lead).

Complaints that are resolved in this way are recorded with an outcome of “Resolved Informally”.

*Note: as our reporting system Datix is not yet aligned to the Care Units, reporting based on care units is a complex manual process. Therefore, this report is based on the old organisational structure.*

### Number of Complaints Received and Closed

<b>Total Complaints carried forward from 2021/22</b>	<b>Total Complaints Received 2022/23</b>	<b>Total Complaints Closed 2022/23</b>	<b>Total Complaints carried forward to 2022/23</b>
140	397	380	157

397 formal complaints were received by the Trust during 2022/2023, which is an increase of 5.5% on the previous year’s figure (376).

However, when comparing the overall total complaints received (all types) the increase is 2%:

	<b>2021/22</b>	<b>2022/23</b>	<b>+/-</b>
Formal Complaint	376	397	<b>+ 5.5%</b>
MP Letter	93	71	<b>- 24%</b>
Rapid Response (Informal)	118	115	<b>- 3%</b>
Local Resolution	32	48	<b>+50%</b>
<b>Grand Total</b>	<b>619</b>	<b>631</b>	<b>+ 2%</b>

Improvements made to our website in 2022 could be a contributing factor to this behavioural change, as we have made it easier for people to find how to raise a complaint with us. The “Contact Us” page of our website contains information about how to contact PALS and the Complaints Team, and also provides a link directly to a page that explains the complaints process and contains a web form that can be completed and submitted directly to the Complaint mailbox.

The 50% increase in complaints that were raised and resolved within our services is an encouraging sign that the services are not only successfully resolving more complaints at the first point of contact, but they are also taking the time to complete a “Local Complaint Resolution Form” to capture the details of the complaint and identify any learning.

### Formal Complaints Received by Area

Area	2021/22	2022/23	% change
Mid and South Essex	162	132	-19%
North East Essex	63	56	-11%
West Essex	38	29	-24%
Medical – Trust-wide	48	68	+ 42%
Specialist – Trust-wide	12	20	+ 67%
Psychology Services*	-	21	-
<b>Total Mental Health</b>	<b>323</b>	<b>326</b>	<b>+ 0.9%</b>
Community - South East Essex	11	42	+ 282%
Community - West Essex	15	16	+ 7%
<b>Total Community Health</b>	<b>26</b>	<b>58</b>	<b>+ 123%</b>
Corporate Services	27	13	-52%
<b>Grand Total Received</b>	<b>376</b>	<b>397</b>	<b>+ 6%</b>

\* Psychology Services were previously included under the service areas (Mid & South, North Essex, and West Essex)

The table above details complaints received during 2022/23 by locality.

Due to the different volume of services delivered within these localities, the number of patient contacts vary significantly. Data for patient contacts in 2022/23 are shown below:

- Mid and South Essex : 300,162
- North East Essex : 98,893
- West Essex : 72,326

For all 3 localities for Mental Health Services, the number of complaints received constitutes between 0.5 and 0.6 complaints per 1,000 patient contacts during the year for the area.

The total number of formal complaints received for Mental Health Services remained stable compared with the previous year (+0.9%). However, Community Health Services saw a significant increase of 123%.

This uplift is largely due to 22 formal complaints relating to children's services at The Lighthouse Centre in Southend. The top complaint themes for this service were:

- Access to treatment
- Referrals / Appointments
- Medication
- Communication

EPUT took over the management of children's services at The Lighthouse Child Development Centre in Southend from Mid and South Essex NHS Foundation Trust in March 2022, and we have been working closely with the service, the patient experience team, and local partners, including commissioners, councils, schools, GPs, parent carer forums, and families to improve services at The Lighthouse. This has been a great example of how we can use the patient insight and intel from PALS, Complaints, and I Want Great Care, to drive improvements.

We have set up a new nurse-led ADHD service, which provides various diagnostic assessments for children with suspected ADHD, and treatment.

We now have more doctors working with us, and we have recruited additional administrative staff to answer phones more quickly, to support with referrals and booking appointments.

These changes are providing families with a better experience at The Lighthouse, and we expect to see a reduction in complaints for this service in 2023-24.

Other Community Health Services that saw an uplift in complaints are listed in the table below:

	2021/22	2022/23	+/-
<b>Podiatry</b>	1	3	<b>+ 200%</b>
<b>Childhood Immunisation Services (combined)</b>	2	5	<b>+ 50%</b>
<b>District Nursing</b>	4	7	<b>+ 75%</b>

## Complaint Outcomes

When a formal complaint is investigated, we carry out a detailed review and consider all available evidence in order to determine if we can uphold the complaint. If there are multiple points raised within one complaint, each point is considered separately and each one is either upheld or not upheld. Where there is any combination of upheld/ not upheld complaint points, the overall outcome is logged as “Partially Upheld”.

380 formal complaints were closed during the year 2022-23, but a formal investigation was not completed for 32 (8.5%) for the following reasons:

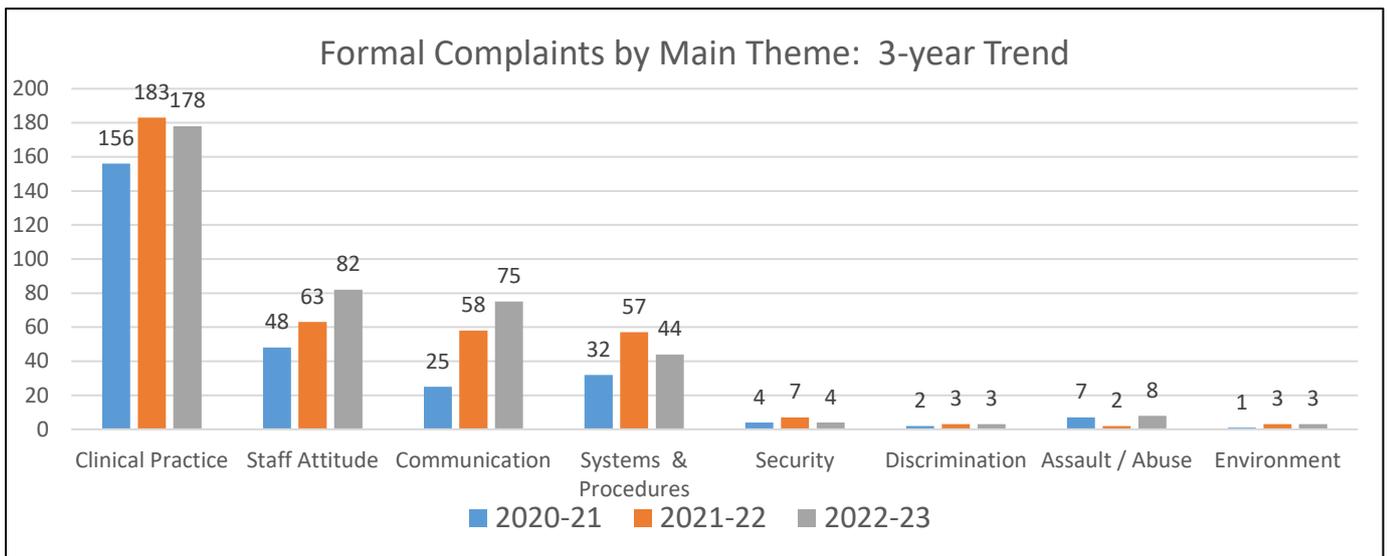
- 12 complaints were re-directed after an initial review (e.g. to another Trust)
- 13 were withdrawn by the complainant after being logged.
- 7 were initially logged as a Formal Complaint, but were subsequently resolved informally by the service (with the agreement of the person who raised the complaint) to provide a faster resolution.

Of the 348 that were formally investigated, 221 (63.5%) were either upheld or partially upheld.

	Not Upheld	Upheld	Partially Upheld	Re-directed	Withdrawn	Resolved informally	Grand Total
Mid and South Essex MHS	47	19	68	6	3	1	<b>144</b>
North East Essex MHS	17	6	17	3	3		<b>46</b>
West Essex MHS	9	9	10		1		<b>29</b>
Medical	27	8	19	1	1	3	<b>59</b>
Specialist	7	3	3		2	1	<b>16</b>
South East Essex Community Health Services	6	6	21	2	1	1	<b>37</b>
West Essex Community Health Services	2	3	10		1		<b>16</b>
Corporate Services	7	5	3			1	<b>16</b>
Psychology Services	5	2	9		1		<b>17</b>
<b>Grand Total</b>	<b>127</b>	<b>61</b>	<b>160</b>	<b>12</b>	<b>13</b>	<b>7</b>	<b>380</b>
<b>%</b>	<b>36.5%</b>	<b>17.5%</b>	<b>46%</b>	-	-	-	<b>100%</b>

## Complaint Themes

Complaints are categorised according to the main theme of the issues raised. The chart below shows the 3-year trend of these complaint categories.



- Clinical Practice remains the highest category, but the number of complaints logged within this category has fallen by 5 (2.5%) from the previous year.
- Complaints about Staff Attitude and Communication have both increased for the second consecutive year.
- There was an increase in complaints received about assault/abuse. 8 complaints were received in total compared to 2 in 2021/22 and 7 in 2020/21. 4 of these have so far been closed: 3 were not upheld, and 1 was not investigated as it was withdrawn. The remaining 4 are still under investigation at the time of this report.
- We have seen a significant drop in complaints relating to Systems and Procedures (25%) suggesting that we have made improvements in this area in the last year compared to 2021/22 however complaints in this area are still higher than they were in 2020/21.

## Top ten sub-categories of Complaint Themes

Under each main category, there are a number of “sub-categories”, which drill down further the theme of the complaint. The top ten sub-categories made up 61% of the total complaints received in 2022-23 (242 out of 397), as follows:

Main Theme	Sub-category	Number Received	% of Total Received
Clinical Practice	Unhappy with Treatment	61	15%
Staff Attitude	Inappropriate behaviour	33	8%
Communication	Communication with patient	30	8%
Communication	Communication with relatives	25	6%
Clinical Practice	Lack of Community Support	22	6%
Clinical Practice	Assessment & Treatment	17	4%
Clinical Practice	Medication	17	4%
Staff Attitude	Unhelpful	15	4%
Clinical Practice	Referrals / Appointments	13	3%
Communication	Inaccurate written records	9	2%
	<b>Total</b>	<b>242</b>	<b>61%</b>

Many of these can be attributed to communication, behaviour and attitude from our staff towards patients, service users, carers, and relatives. If we focus our energies on improving communicating with these groups, and the way in which we communicate (behaviours and attitudes), this will have a significant positive impact.

## Re-opened Complaints

We encourage people to let us know if they remain dissatisfied after receiving our response to their complaint, so that we can continue to seek resolution on any outstanding concerns for the complainant.

Of the 380 formal complaints closed in 2022/23, 27 (7%) were subsequently reopened. The reasons given for requesting the complaint to be re-opened are categorised below.

Reason for Re-opened Complaint	Number of complaints
Dissatisfied with investigation	10
Unhappy with outcome	8
Complaint not fully addressed	5
New questions/ information	3
Disagrees with response	1
<b>Grand Total</b>	<b>27</b>

A recurring theme is a mistrust of the complaints process, and the perception that the complaint investigation conducted was not impartial. Reasons for re-opening a complaint include:

*“Patient feels the investigation has been misled and staff’s roles within his concerns played down”*

*“Complainant would like an independent review of point 1 as the response was provided by the clinician involved in the patient’s care, however, complainant believes she is the reason for the patient’s decline”.*

*“Complainant has no faith in the system.”*

Although only 7% of complaints were reopened, we are determined as a service to reduce this and increase the Trust in our complaints process. Under our new complaints process, all investigations are conducted independently by a Complaints Liaison Officer within the Complaints Team, rather than by an investigator from within the service that the complaint is about. We are confident that this increased level of impartiality will provide reassurance to people using our service of our commitment to investigating all complaints fairly.

### Non-Executive Director Complaint Quality Reviews

The Trust’s Non-Executive Directors (NEDs) provide an important and valuable part of the complaints process by undertaking independent quality reviews of 10% of complaints that are closed each quarter.

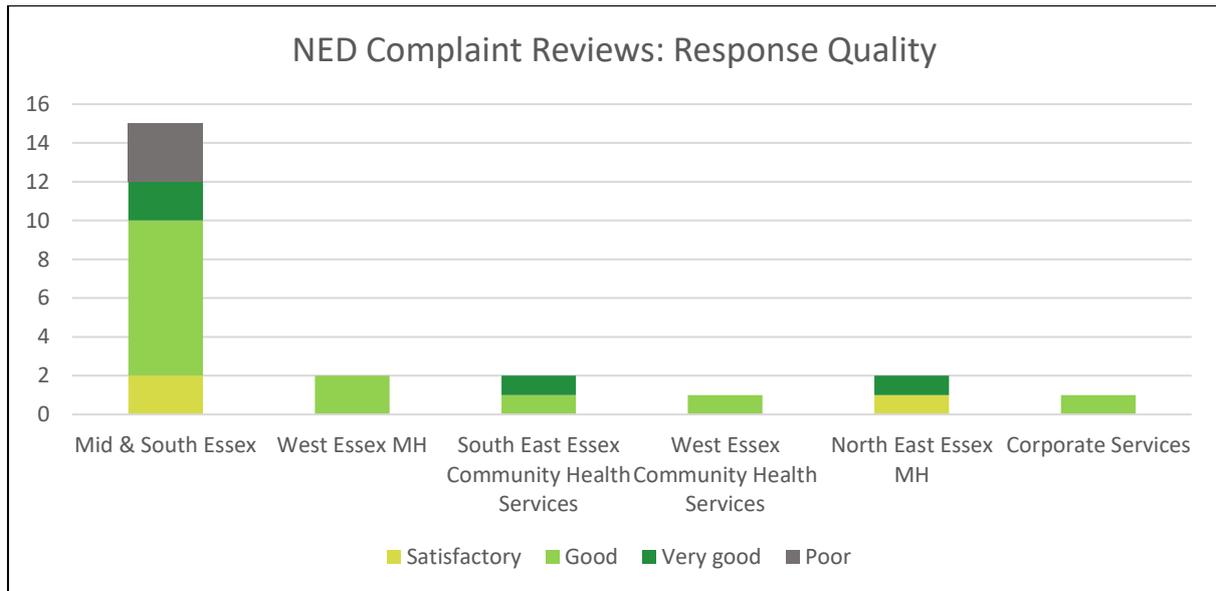
The reviewer rates the quality of the investigation and the response, and considers whether the Trust has done all it can to resolve the complaint and if appropriate lessons were identified and taken forward.

A total of 23 reviews have so far been completed for Q1-Q3 2022/23, which represents 6% of the total formal complaints closed in the whole year (380).

A further 15 reviews will be completed, to ensure that a total of 10% are reviewed.

Of the 23 reviews that have been completed:

- 65% were rated good or very good rating for ‘how the investigation was handled’
- 74% were rated good or very good for the ‘quality of the response’
- 100% had demonstrated lessons being learned where appropriate



3 cases (13%) were assessed as “poor” in relation to the overall quality of the complaint response.

The excessive time taken to respond to the complaint was the reason for the rating in two of these cases. The third case was rated as poor due to the lack of information recorded in the Investigation Report.

We are confident that response times will continue to show significant improvement under our new complaints process, and good communication will be maintained with the complainant throughout.

The Complaints Investigation Report is now completed by the Complaints Liaison Officer from within the Complaints Team, and is used as a working document, i.e. to record progress throughout the investigation, ensuring that all relevant information is captured and considered, rather than being filled out at the end of the investigation.

## RAPID RESPONSE COMPLAINTS

Under our old complaints process, we introduced a Rapid Response approach to Complaints that met specific pre-set criteria, i.e. not complex and not spanning multiple services. Complaints meeting these criteria were logged as “Rapid Responses” and were sent directly to the service to respond to informally.

This has now changed under the new process, as we have focussed on providing a more complainant-led approach to resolution. Complaints received directly into the Complaints Team are now all logged as Formal Complaints, and the route to resolution is agreed collaboratively in early discussions between the Complaints Liaison Officer and the complainant.

We recognise that some complaints are more complex than others to investigate, and wherever possible we take opportunities to provide faster resolutions to less complex complaints. Where we can do this without conducting a formal investigation, the outcome is recorded as “Resolved Informally”.

### Rapid Response Complaints by Area

115 complaints received by the Trust in 2022/23 were logged as ‘Rapid Responses’, and 135 were resolved, including some cases that had been received the previous year

<b>Rapid Responses</b>	<b>Received</b>	<b>Resolved</b>
Mid and South Essex MH	44	54
North East Essex MH	12	13
West Essex MH	4	5
Medical – Trust-wide	17	16
Specialist – Trust-wide	10	13
Psychology Services	7	8
<b>Total Mental Health</b>	<b>94</b>	<b>109</b>
Community - South East Essex	16	20
Community - West Essex	3	3
<b>Total Community Health</b>	<b>19</b>	<b>23</b>
Corporate Services	2	3
<b>Grand Total Received</b>	<b>115</b>	<b>135</b>

## Rapid Response Complaint Themes

Of the 115 Rapid Response complaints received, 45% were logged within the top 6 sub-categories. The top sub-category was “Unhappy with Treatment”, which was the same as the top sub-category for Formal Complaints.

Main Theme	Sub-category	Number Received	% of Total Received
Clinical Practice	Unhappy with Treatment	12	10%
Communication	Communication breakdown with patient	11	10%
Systems & Procedures	Referrals / Appointments	9	8%
Staff Attitude	Inappropriate behaviour	7	6%
Clinical Practice	Medication	7	6%
Clinical Practice	Lack of Community Support	6	5%
	<b>Total</b>	<b>52</b>	<b>45%</b>

## MP COMPLAINTS

The Trust received 71 complaints from MPs on behalf of their constituents, down by 15% compared with the previous year (84). The top 4 topics for MP complaints were as follows:

- Lack of Community Support (10)
- Assessment & Treatment (7)
- Unhappy with Treatment (6)
- Medication (6)

## LOCALLY RESOLVED COMPLAINTS

Wherever possible, all EPUT staff are encouraged to try to resolve complaints that are raised locally at the earliest opportunity. The details of any complaints resolved in this way should then be recorded on a “Local Complaint Resolution Form” and passed to the Complaints Team, so that any actions taken and lessons learned can be recorded, along with the details of the complaint.

We are aware that in reality, many issues are resolved locally without ever being recorded, and we are considering ways to make it easier for teams to self-log this activity so that we can capture this feedback and maximise learning.

There was a total of 48 (recorded) locally resolved complaints recorded for 2022/23 by the following areas:

Area	Resolved Locally
Mid and South Essex MH	7
North East Essex MH	4
West Essex MH	2
Medical	-
Specialist Services	6
Psychology Services	-
South East Essex Community Health Services	25
West Essex Community Health Services	1
Corporate Services	3
<b>Grand Total</b>	<b>48</b>

## COMPLAINTS RESPONSE TIMES

### Formal Complaints Response Times

Under our complaint process in 2022/23, our internal target for investigating and responding to formal complaints was 40 working days. Where this was not achievable, we endeavoured to keep the complainant updated with our investigation and planned response date.

Because of formal complaint investigations being carried out by clinical staff within the service, operational pressures had a big impact on our responsiveness to complaints. Investigations were delayed where we have had to prioritise immediate clinical duties.

Out of the 380 formal complaints closed in 2022/23:

- 59 (16%) were resolved within 40 working days.
- The average time taken to respond was 93 working days (compared with 75 working days the previous year, and a pre-pandemic average of 44 working days in 2019-20)

### Rapid Response Complaints Response Times

As highlighted above, the Rapid Response process was for less complex complaints that usually just involve one area. Under the old process, these were sent to the service to resolve directly with a target of 15 working days.

Out of the 135 Rapid Response complaints closed in 2022/23:

- 71 (53%) were resolved within the target of 15 working days.
- The average time taken to respond was 72 working days

### Response Times under the New Complaints Process

The improvement of response times was one of our key objectives when we re-designed our complaints process. Under the new process, complaints are allocated to a dedicated Complaints Liaison Officer (CLO) from within the central Complaints Team. The CLO takes ownership of the complaint, and is responsible for completing the formal investigation and delivering a resolution in a timely manner.

The new process was implemented from January 2023, therefore at the time of producing this report we have limited data available to compare response times with the old process. However, tentative analysis of the data so far is demonstrating a very positive impact on response times:

- New process: 44 complaints were received in January 2023, and 26 (59%) were resolved by the end of March 2023, with an average response time of 22 days.
- Old process: 30 complaints were received in January 2022, and 8 (27%) were resolved by the end of March 2022, with an average response time of 34 days.

The fact that we are resolving a much greater proportion of complaints at an early stage is a strong indicator that average response times in the long-term will be significantly lower under the new process.

## PARLIAMENTARY & HEALTH SERVICES OMBUDSMAN (PHSO)

If a person is dissatisfied with the response they receive and feels that all avenues to resolve it with the Trust have been exhausted, they can ask the Parliamentary & Health Services Ombudsman (PHSO) to conduct an independent review of their complaint. On all of our letter responses, we are clear and transparent about this process, and wherever possible we support complainants in their escalation to the PHSO.

### PHSO Referrals

During 2022/23, seven cases were referred to the Parliamentary and Health Service Ombudsman (PHSO) as the complainant was unhappy with the response received from the Trust.

Of these seven referrals:

- 5 were closed without further investigation after an initial assessment by the PHSO.
- 1 referral is still awaiting an initial assessment.
- 1 case is under investigation, and a Final Report has not yet been issued.

### PHSO Investigations

No PHSO investigations were completed during 2022/23, compared with 4 the previous year.

## LEARNING FROM COMPLAINTS

In line with our core values (We Care, We Learn, We Empower), the Trust has a strong and developing culture of learning, and recognises complaints as a valuable source of feedback from which we can learn and improve our services.

An integral part of our complaints investigation process is to consider the actions needed to prevent errors from reoccurring, or to minimise the risk. Lessons are identified and agreed by the Complaints Liaison Officer in collaboration with the person making the complaint and a clinical advisor from within the service.

After the complaint resolution is sent, the Complaints Team follow up with the service to provide assurance that improvement actions have been taken forward and embedded into everyday practice.

Lessons identified are presented monthly at the Learning Oversight Committee and circulated Trust-wide in the Lessons Identified Newsletter. Learning from complaints is also discussed at monthly Quality & Safety meetings, and the Commissioners of EPUT's services receive a quarterly report containing the lessons learned from complaints for their specific geographical areas. Some examples of lessons learned from complaints over the past year are supplied below.

### Examples of lessons learned

Lessons were identified from 199 (53%) of the 380 formal complaints closed during the year. Below are a few examples of learning from complaints.

#### **1. North East Essex MH Community Mental Health Team (Herrick House):**

A friend of a patient raised concerns about his current treatment plan. She would like a review of his case, and requested that his referral for Autism assessment be considered when completing a new treatment plan. The person raising the complaint asked how further awareness of autism could be highlighted to staff to improve understanding of how patients with this condition may not be able to interact in typical ways, and so that adjustments can be made as needed.

#### **Learning identified:**

Because of this complaint, the patient's care coordinator requested additional training on Autism for the team to support in understanding, not just this patient, but also all people who are on the Autistic Spectrum as a way to ensure that their needs are understood and appropriate accommodations can be made. Additional autism training was delivered online by the lead Autism clinician for EPUT via MS Teams to facilitate maximum clinical staff accessing this.

## **2. West Essex Community Health Services, Musculoskeletal Service**

A complaint was received from a patient who received a steroid injection in her hand to treat carpal tunnel syndrome, which caused extreme pain and lasting nerve damage. The patient was unhappy at how the situation was subsequently handled, and asked why was the possibility of nerve damage not listed in the information sheet that she was given to read and sign?

### **Learning identified:**

Because of this complaint, the consent form for steroid injections was updated to include the risk of nerve damage. Local team protocol was produced for (i) the administration of local steroid and (ii) the procedure to follow if there is a suspected nerve injury.

## **3. Mid & South Essex MH, Acute Treatment Ward, The Crystal Centre**

After seeking appropriate permission, the patient ordered a food supplement product to the ward and was frustrated that when it arrived nobody would bring it to him. The patient asked multiple times for the item, and was repeatedly told to wait, with no further explanation. Eventually the night shift staff explained that they couldn't give it to him without permission from the nurse in charge, but the patient was frustrated because he felt the nurse had already given this permission. He was left feeling de-humanised by the lack of care, and felt that the package was being withheld from him with no justification.

### **Learning identified:**

The Crystal Centre reception has introduced a book to record patients' delivered items and to track when an item is sent to the ward and delivered to the patient to prevent a similar problem occurring. Communication is a central issue of this complaint. The patient felt de-humanised by the lack of explanation, and the reasons for the patient not being able to keep the package in his room should have been explained to him by the staff. This learning was shared at a Care Unit Meeting.

## TRIANGULATION OF COMPLAINTS, PATIENT SAFETY INCIDENTS AND CLAIMS

### Complaints linked to Patient Safety Incidents

All complaints are logged onto the Datix reporting system and are cross-referenced with incidents that have been logged separately, to highlight any incidents that are connected to the complaint.

Where there are complaints that are also being investigated as a Patient Safety Incident (PSI), the Complaint Investigator works collaboratively with the Patient Safety Team, ensuring that all elements of the complaint are investigated without conflict or duplication. The complainant is kept informed throughout this process.

During 2022/23, there were 29 complaints that were linked to a separate incident recorded on Datix. Of these, 3 were linked to a Patient Safety Incident.

Any joint learning from the PSI investigation and complaint is discussed at the Learning Oversight Steering Committee.

### Legal Claims related to Complaints

There were 4 claims received by the Trust that related to formal complaint this year, 3 relate to alleged clinical negligence, and 1 is in relation to a patient death.

A total of 5 claims were closed that related to formal complaints (these were not any of the 4 above claims, but were received previous to this year). In 3 of the cases, damages were awarded, with a joint total of £264, 476.

## FEEDBACK SURVEY ON COMPLAINTS

We send a survey link with our complaint responses, to gauge satisfaction with our complaints process. In 2022/23 we received 24 responses to the survey, and the results are shown below.

- 42% were satisfied that all aspects of their complaint were addressed (v.26% 2021=22)
- 29% believed the complaints process was fair (v. 24% 2021-22)
- 8% were satisfied with the timescale of the response (v.18% 2021-22)
- 33% were satisfied with the overall handling of their complaint (no comparable data for the previous year, as this question was added in 2022-23).

Following the redesign of the complaints process, we are changing our feedback survey to be more reflective of the new processes, systems and team structure. We will also be looking at ways to increase the response rate, in order to ensure the feedback we receive is representative.

Based on the feedback we are receiving directly from complainants since we launched our new process in January, we are confident that we will see a significant uplift in satisfaction scores for 2023-2024.

## COMPLAINANT STORIES

It is important to reflect on complainant stories, because they provide greater insight and context to the complaints data. Case studies are a powerful tool that we use in team meetings and coaching to bring real complaints “to life” and prompt discussion, reflection and learning.

*Note: all case studies are anonymised to protect patient confidentiality.*

### Story 1:

A complaint was received from a close family member of a patient who had been under palliative care, and who subsequently died at home.

The complainant explained that plans had been agreed regarding the patient’s death, and the family had been assured they would have access to “out of hours” palliative care if needed.

However, when the family called for help late in the evening, they felt that the support offered to them was inadequate, and the plans that had been agreed were not followed by attending clinicians. Additionally, when the patient died that night, the family were uncertain about how to notify someone of the death, and felt completely unsupported. The family stated that they felt let down by the system.

In our complaint response, we apologised that the actions of Trust staff had exacerbated the family’s distress at such a stressful and upsetting time. Although we recognised that that we were unable to change this distressing experience for this family, it was important that we identified what had gone wrong, so that we could minimise the risk of this happening to another family.

A thorough investigation was undertaken where it was identified that there were failings in our communication with the family which led to the confusion and distress.

The District Nursing Team provides cover for the Palliative Care Team out of hours, however this had not been properly explained to the family. They were under the impression that the staff attending did not have the same level of training as the specialist team, which was not the case.

The learning from this complaint was that an open conversation needs to be held at the beginning of the episode of care to ensure that there is a clear understanding of the roles of the different teams and how they work together to ensure a 24/7 service. If this had been explained to this family, and if there had been guidance about what to do about registering the death, they would have had confidence in the actions of the staff that attended.

### Story 2:

Following the changes made to the complaints process, one of the first complaints received was relating to what was interpreted to be incorrect information within a letter that had caused distress and frustration.

The complainant was extremely upset about the contents of a letter written by her doctor to another clinician, as she felt it contained inaccurate observations relating to her condition. She felt the doctor had painted a very negative picture of her in the letter.

The complaint was allocated to a Complaints Liaison Officer, who contacted the complainant to talk to them about their concerns and establish the best way forward. The complainant was grateful that they had been contacted so promptly, and commented that they felt that they had been listened to and given the space and time to offload their frustrations, which was appreciated.

It was decided that a face-to-face meeting with the doctor would enable the complainant to express how this situation had affected them. The CLO contacted the service and arranged a meeting between the doctor and the complainant, and the CLO also attended at the patient's request.

At the meeting, an honest and frank conversation took place. The doctor apologised for the way that the letter had impacted on the patient, and was able to explain the reasons for the comments in the letter. He acknowledged that the wording of his letter could have been more considered, and he would take this matter as a personal learning.

The complainant was happy for the complaint to be closed following this meeting and told the CLO that she was grateful for the chance to address her concerns directly with the doctor. She said she felt that his apology for the upset caused was heartfelt, and said, "That meant a lot to me".

## PATIENT ADVICE AND LIAISON SERVICE (PALS)

The PALS service sits within the Complaints Team, and serves as a first point of contact for enquiries and concerns, which are received and responded to by telephone and email. Our PALS service supplies confidential advice, support and information about all aspects of EPUT services, primarily to patients, their families and their carers.

PALS logged 1,337 enquiries and issues for resolution during the year 2022-23, which was an increase of 15% on the previous year (1,158).

The majority of contacts to PALS are either resolved by the team or passed to the relevant services. If the issue requires a formal complaints investigation it is passed to the Complaints Team to action through the Trust's complaints process. A total of 47 (3.5%) were passed to the Complaints Team as formal complaints.

In addition, PALS Officers signposted 677 enquirers for help to other services/ organisations.

The top 10 themes for PALS enquiries in 2022/23 made up 54% of the total enquiries for the whole year. These are shown in the table below as a percentage of the total number of enquiries received.

Top 10 PALS Categories	Number of Enquiries	% of Total Enquiries
Request for Information	144	11%
Care	121	9%
Assessment & Treatment	118	9%
Unhappy with Treatment	99	7%
Lack of Community Support	67	5%
Medication	46	3%
Communication breakdown with relatives	43	3%
Sharing of Information/Record Keeping	42	3%
Discharge	41	3%
<b>TOTAL</b>	<b>721</b>	<b>54%</b>

## COMPLIMENTS

2,195 compliments were logged by the Trust in 2022/23, which is a 13% increase on the previous year (1,936), and reflects the ongoing work of the Patient Experience Team to make it more accessible for people to share their feedback with the Trust.

Services directly received 1320 compliments and 875 compliments were made via IWantGreatCare (Friends and Family Test feedback).

A selection of compliments are published regularly in our internal newsletters, and uploaded onto the website on the individual services pages. Compliments are also shared with services to discuss at their team meetings and display in their work areas.

### Received by Area

Area	Compliments Received
Mid & South Essex MH	1011
North East Essex MH	281
West Essex MH	58
Specialist	276
<b>Total Mental Health</b>	<b>1626</b>
South East Essex Community Health Services	253
West Essex Community Health Services	287
<b>Total Community Health</b>	<b>540</b>
Corporate Services	29
<b>Total</b>	<b>2195</b>

### Learning from Compliments

Along with complaints, all compliments received by the Trust are analysed for potential learning that can be shared, as they can provide an excellent opportunity to highlight good practice.

Below are some examples of lessons learned from compliments that were shared Trust-wide in the monthly Lessons Identified Newsletter in 2022/2023:

**1. North East Essex MH, Home First Team, The Lakes**

*"..thank you so much for your faith in me to keep my precious daughter safe, and your support to be able to see her through her crisis at home in her own familiar surroundings. It's been a privilege to be so involved and included in her care...thank you for respecting and listening to me...you are a special bunch."*

**Good practice shared:** The importance of listening to families and carers and involving them in the patient's care.

**2. Community Mental Health (North East)**

*"I was in communication during my care with Jordan , mental health nurse. I feel her kindness and professional care attitude including her ability to listen and supportively encourage myself to explore what was best for me as a patient to self manage my condition very useful and encouraging. As a consequence I have changed my medication during her care and have been made to feel a lot more supported. Her being easily accessible at my local GP surgery has been greatly appreciated."*

**Good practice shared:** Encouraging patients to consider ways to manage their own condition is supportive and empowering and demonstrates we care.

**3. Mid and South Essex MH, Dementia Memory Service, Harland Day Centre**

*"Mother and father both have dementia and were struggling to maintain daily activities at home, even with care this was difficult. Rosie was amazing and listened to us and gave really good advice and support. Also the fact that she acknowledged how difficult this was for me and my wife was comforting and supported us to not feel guilty because we wanted to live our lives"*

**Good practice shared:** Acknowledging how difficult things are for the families and carers of patients is comforting and can help alleviate the feelings of guilt that can come with struggling to cope with a loved one with mental illness.

**4. South East Essex Primary Care Mental Health Team**

*"I have been given support over the last few months at a time when I needed it. Also I have been put in touch with organisations that I can contact such as Trustlinks. I felt I was given the opportunity to express myself and ask any questions I had, to which answers were offered. There was no stereotyping and I felt I was treated as an individual."*

**Good practice shared:** When we allow people the opportunity to express themselves and ask questions, we can better understand their needs and offer personalised advice and support. Treating patients as individuals is noticed and valued.

## UPDATE ON PRIORITIES SET FOR 2022/2023

Please find an update on the priorities set in last year's annual complaints report in the table below.

Priorities set for 2021/22	Status	Action Taken
Redesign our Complaints Process to improve satisfaction with outcomes and reduce unnecessary delays and extensions.	Complete	<ul style="list-style-type: none"> <li>New process launched in January 2023, already evidence of improvements in all areas.</li> </ul>
Improve the way that Complaints and PALS drives learning and quality improvement across EPUT.	Complete	<ul style="list-style-type: none"> <li>Working with the Learning Collaborative, learnings are now frequently shared for inclusion in the trust wide.</li> <li>Regularly meeting the Deputy Directors of Quality and Safety at monthly Quality and Safety meetings</li> </ul>
Enhance PALS accessibility by creating a network of volunteers onsite within our services to provide support and advice, and proactively seek feedback from our service users.	Carried forward	
Improving the self-logging facilities for staff and service to log informal complaints and compliments	Partially Complete	<ul style="list-style-type: none"> <li>Compliments self logging done.</li> <li>Carry forward informal complaints self-logging.</li> </ul>
Develop a process to provide information about complaints and compliments made about specific staff members for inclusion in reviews and annual appraisal	Closed	On reflection, this was a redundant task due to the current process being adequate.
Explore ways to promote and publicise compliments received to the Trust.	Closed	Moving forward logging and reporting compliments will sit with the patient insight and intel team, and so this action will move there too.

## PRIORITIES FOR 2023/2024

- Embed new complaints process.
- Enhance PALS accessibility by creating a network of volunteers onsite within our services to provide support and advice, and proactively seek feedback from our service users.
- Implement self-logging facilities for staff and service to log informal complaints and compliments.
- Establish an effective feedback process (service user survey, and quality feedback from NEDs and Patient & Carer Forum) for the complaints process
- Datix development so that staff can self-log local complaint resolutions (in the same way they can self-log compliments)
- Consolidate complaint themes and align across PALS & Complaints so that theme analysis is more effective
- Engagement with Deputy Directors of Quality and Safety to implement effective feedback and follow up on lessons/ actions
- Review the information on the Trust website, make it more accessible and clearer regarding the PALS and Complaints services.

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