

# Annual Complaints and PALS Report

## 2016 to 2017

## **1. Introduction**

This is the final complaints and Patient Advice & Liaison Service (PALS) annual report for North Essex Partnership University NHS Foundation Trust (NEP) as we merged with South Essex Partnership University NHS Foundation Trust (SEPT) on 1 April 2017 to become Essex Partnership University NHS Foundation Trust (EPUT).

The report provides details of all complaints and PALS queries received by NEP for the period 1 April 2016 to 31 March 2017.

The Trust aims to remedy complaints locally through the PALS function and then if necessary formal investigation. Should the complainant remain dissatisfied they have the right to take their complaint to the Parliamentary and Health Service Ombudsman (PHSO) as final stage of the complaints process.

NEP received 482 PALS enquiries during the period which is a decrease from 2015/16 of 227. The number of complaints received was 117 in this period which is 36 lower than 2015/16.

NEP recognises that complaints and PALS enquiries are a valuable source of information to monitor the quality of the services that we are providing, and our patients' experiences of these services. As such learning from them was discussed at quarterly at the Patient Experience Board with key lessons being cascaded to relevant senior management teams.

All formal complaints that are received have been fully investigated as per the Trust's complaints procedure.

## **2. PALS**

PALS offers support, advice and information to service users, carers, family and friends, and members of the public about Trust services.

Details of PALS enquiries were presented to the Patient Experience Board on a quarterly basis. The table below illustrates the breakdown of the PALS enquiries received in 2016/17 by quarter and by primary subject.

<b>Primary Subject</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Total</b>
Appointment	3	14	6	4	27
Access to services	1	20	10	5	36
Attitude	2	1	4	2	9
Change of Mental Health worker	2	0	0	1	3
Communication	23	15	6	18	62
Compensation	1	1	1	0	3
Confidentiality	2	0	6	0	8
Facilities	3	0	3	0	6
Information Giving	109	6	36	52	203
Medication	1	0	2	2	5
Standards of care	25	13	7	4	49

To raise Trust awareness	28	42	1	0	68
<b>TOTAL</b>	200	112	82	88	482

### 3. Complaints

From 1<sup>st</sup> April 2016 to 31<sup>st</sup> March 2017, the Trust has received a total of 117 complaints.

During this period the Trust has not maintained a 100% achievement against our 3 day acknowledgement standard. Our standard fell overall by 20% during Quarter three, however 100% has been maintained during Quarter 4.

At the time of writing, the Trust has achieved a 71% response rate to formal complaints within agreed timescales. However, this is subject to change as not all complaint responses are due at the time of reporting.

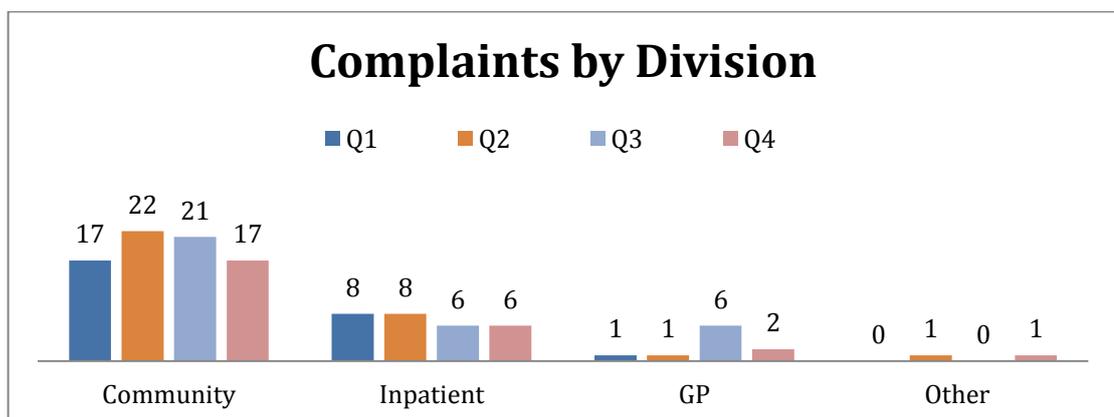
#### 3.1 Complaints By Division

Community services received the highest number of complaints (77) making up 66% in comparison to 24% (28) received by inpatient services. Unfortunately it is not possible to make direct comparisons with last year due to the reorganisation of services from regional (West, Mid and North) to divisional (Community Services, Inpatient Services, GP and other).

Complaints concerning Thurrock GP practices have remained the same with 10 complaints received both in 2015/16 and 2016/17.

Clinical Treatment is the highest subject of complaints equating to 30% (35) of the formal complaints received.

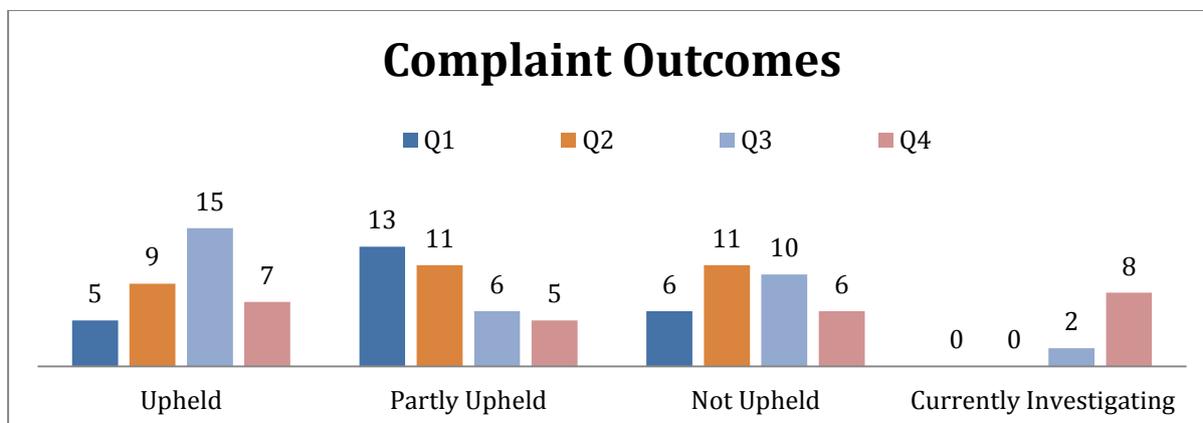
The chart below shows a breakdown of the complaints per Quarter by Division for 2016/17.



As is illustrated, Community services have received 66% of the formal complaints reported for 2016/17. When looking at all upheld complaints, 63% (22/36) sit within community services in comparison to 19% (7/36) in inpatients. Of the 10 GP complaints received, 60% (6/10) have been upheld. The remaining upheld complaint

concerned delays in the Serious Incident process and was therefore logged under Corporate.

The table below provides complaint outcomes for 2016/17



A total of 31% (36/117) of complaints have been upheld during 2016/17. Upheld complaints peaked during the 3<sup>rd</sup> Quarter with 7 out of 15 of those upheld in December 2016. The remaining three were unable to be investigated.

The following teams were identified as having the highest ratio of upheld complaints as follows:

Non Psychosis Team – C&E Centre - Five complaints were upheld which included the themes of communication (both written and oral) staff attitude, access to services and clinical treatment.

Psychosis Team – Gables – Four complaints were upheld which included the themes of care & treatment, communication, clinical treatment and access to services.

Access and Assessment Team – Three complaints were upheld which included the themes of access to services, delay in appointments, and staff attitude.

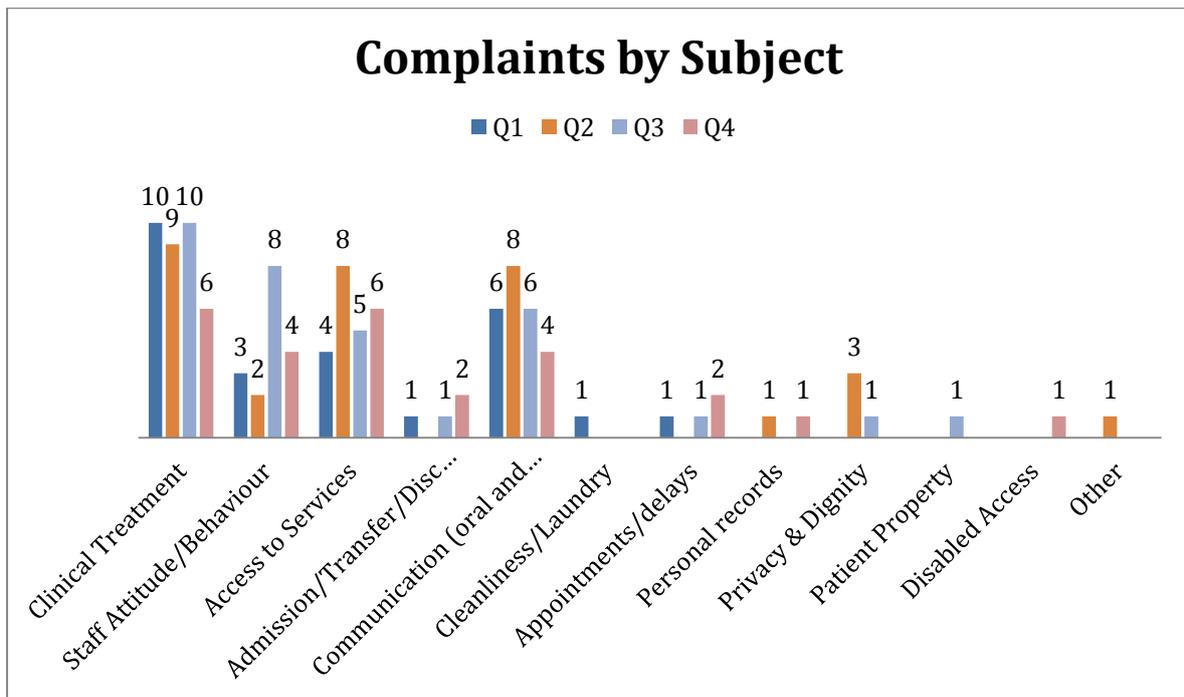
Thurrock GP surgeries - Six complaints were upheld which includes the themes of clinical treatment, medication, staff attitude and communication (oral).

Medical (community) – Four complaints were upheld which include the themes of awaiting group therapy, medication and diagnosis.

Inpatient – Seven complaints were upheld which includes the themes of patient property, post discharge planning and clinical treatment.

### 3.2 Complaints by Subject

When looking at the subject of complaints, clinical treatment was the highest number at 30% (35/117) received with communication (both written and oral) at 20% (24/117). Access to Services came in as third with 19% (23/117). The table overleaf provides a complete overview of subjects during 2016/17.



#### 4. Parliamentary and Health Service Ombudsman (PHSO)

Between 1 April 2016 and 31 March 2017 six cases were referred to the PHSO. Five of which are currently under investigation, the sixth is pending a decision on whether or not they will investigate. This is an increase of 3 when comparing to 2015/16.

Two of the cases are being jointly investigated by the PHSO and LGO. A draft report has been received for one, the other the Trust is awaiting.

The table below provides details on the nature of the referral to the PHSO:

Date Complaint closed with the Trust	Date Referred to PHSO	Reason for referral
7 <sup>th</sup> July 2016	10 <sup>th</sup> January 2017.	Range of treatments and therapies not available to the daughter of the complainant. Requesting DBT therapy.
23 <sup>rd</sup> December 2016	22 <sup>nd</sup> December 2016.	Care and Treatment received from NEP. Discharged without a care plan in place and without support.
20 <sup>th</sup> December 2016	PHSO/LGO 27 <sup>th</sup> March 2017	Medical care provided to the complainant's daughter and child protection concerns.
N/a - complainant went direct to the PHSO.	9 <sup>th</sup> April 2015	Mental health care and treatment provided to the complainants son during an inpatient admission.

2 <sup>nd</sup> September 2015	PHSO/LGO 17 <sup>th</sup> January 2017	EEC and NEP have handled funding issues for Husband's accommodation incorrectly.
5 <sup>th</sup> October 2016	23 <sup>rd</sup> February 2017	PHSO have requested copies of complaints file and medical records, awaiting confirmation of investigation.

During the period four cases were concluded, one of which was not upheld and three were partially upheld. The table below provides details on the nature of the referral to the PHSO:

<b>Date Complaint closed with the Trust</b>	<b>Date Closed with the PHSO</b>	<b>Reason for referral</b>	<b>Outcome / Action Taken</b>
10 <sup>th</sup> November 2015	10 <sup>th</sup> January 2017.	The Trust failed to provide psychiatric treatment despite numerous GP referrals to psychiatry.	Not upheld.
18 <sup>th</sup> October 2012	19 <sup>th</sup> January 2017.	Complainant felt Daughter did not receive appropriate care and treatment whilst as an inpatient (Mother and Baby Unit).	Partially upheld with a financial re-dress of £1,250 which was paid to the complainant.  Action plan in place and shared with the PHSO, CQC and NHSI.
N/a complainant went direct to the PHSO	9 <sup>th</sup> February 2017	Mental health care and treatment provided to son during an inpatient admission (Linden Centre)	Partly upheld with a financial re-dress of £1,250 which was paid to the complainant.  Action plan and evidence due to be completed by 9 <sup>th</sup> May 2017.
2 <sup>nd</sup> December 2014	15 <sup>th</sup> March 2017	Trust failed to adequately consider request for compensation (Community - Gables)	PHSO concluded their investigation on as partly upheld with financial re-dress of £75.  Letter of apology sent with financial re-dress to follow.

			Action plan not applicable as records amended and financial re-dress met.
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## **5. MP queries**

NEP has received 20 enquiries from the local MP's during 2016/17. The subject ranged from the constituent's access to local services, signposting to the most appropriate services available and confirming if patients were known to the Trust.

## **6. Training/Learning**

The PALS and Complaints team provided training on a monthly basis to new starters as part of their induction into the Trust.

The PALS and Complaints team also provide training on a quarterly basis to 1<sup>st</sup> year student nurses, delivered at the regional universities.

In order to target teams where it has been identified that a peak in upheld complaints has occurred, workforce development and the PALS and Complaints team have jointly delivered Bespoke Customer Care training to staff at Thurrock GP surgeries with a view to rolling out a more generic training programme across all teams.

Feedback from this training session was very positive as the training centred around verbal and nonverbal communication skills, focusing on how to deal with challenging behaviour as one of the GP surgeries predominately deal with the local travelling community where challenges include reading and writing.

## **7. Conclusion**

In conclusion the Trust has seen a significant decrease (227) in relation to PALS enquiries, and formal complaints (36) in comparison to 2015/16. However, the number of referrals to the PHSO has increased year on year.

As outlined in the report compliance against our 3 day acknowledgement standard did slip in quarter 3, however this was rectified in quarter 4. It is acknowledged that this is a standard which going into 2017/18 must be maintained.

The top theme for complaints was clinical treatment. Thereafter staff attitude, communication and access to services were the main theme under which complaints were raised. To improve the learning from complaints reports will be taken to the Patient Experience Steering Group and the Lessons Learnt Oversight Group in EPUT. In addition, regular reports will be provided to the Executive Team.

As part of EPUT we will be working with a new policy and procedure and we will therefore be reviewing the training currently provided to our staff to ensure they manage complaints in a compliant and compassionate manner. As a department we

will continue to administer complaints in a way that supports the operation and illustrates a commitment to our values of Compassionate – Empowering – Open, whilst adhering to regulations.