

Annual Complaints, PALS and Praise Activity Report

2016/17

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Executive Sponsors: Director of Nursing and Quality and Medical Director

Avon and Wiltshire Mental Health Partnership NHS Trust

Complaints, PALS and Praise Annual Activity Report 2016/17

1 Introduction

This report provides information on complaints, PALS activity, and praise within the Trust between 1 April 2016 and 31 March 2017. Overview of praise, complaints, and PALS related work was undertaken by the Critical Incident Overview Group and through Locality Governance Groups.

Further analysis of learning from patient experience is provided quarterly in the Patient Experience Report, (previously known as the Learning from Experience Report) which provides a detailed account of serious incidents and complaints and describes fully the actions taken to reduce the risk of recurrence or to address issues identified.

This report will look at 'hotspots' in domains only.

2 NHS Complaints Legislation and Regulation

The Trust has complied with NHS Complaints Legislation and kept abreast of national guidance and developments in complaints management.

3 Complaints Management

The Trust has complied with NHS Complaints Legislation and kept abreast of national guidance and developments in complaints management.

4 Complaint Activity

A total of 384 formal complaints were reported to the Trust during 2016/17, which represents a 6% increase from the volume of complaints reported last year.

100% of complaints were acknowledged within the standard set in Complaints Regulation of 3 working days. The PALS and Complaints Team continue to work hard to achieve this compliance and their success should be noted.

4.1 Trend Complaint Data

	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
No of formal complaints	278	302	272	314	360	384
No of informal complaints	27	103	88	72	78	76
Total	305	405	360	386	438	460

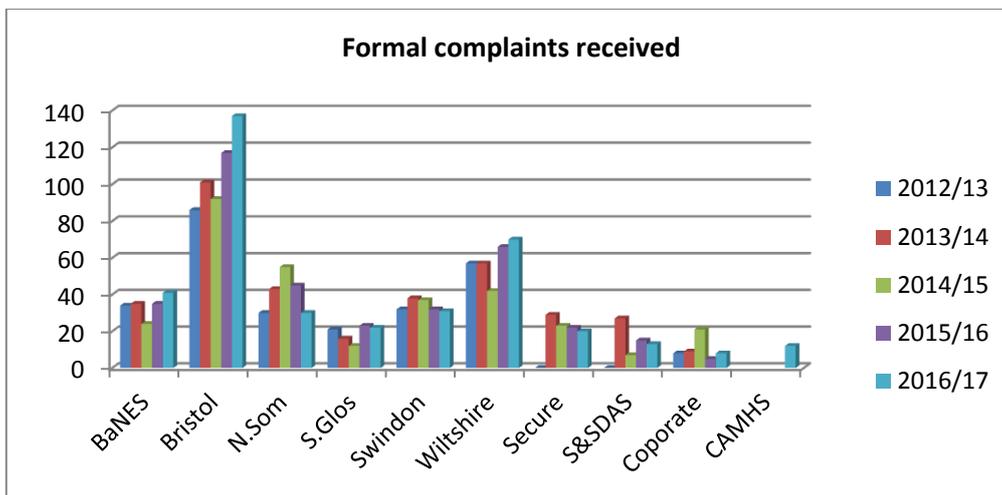
4.2 Response Times

The Trust has an internal standard of 25 working days for responding to people's complaints. Sometimes however investigations can exceed this timescale due to their complexity, and if this

is the case, we will contact the complainant to agree a further period of time to complete the work.

The overall rate of compliance for the year at time of reporting was 70%. This is down from 81% last year. We will continue to monitor response rates and implement the reminder and chasing systems in place to improve compliance further. The PALS and Complaints team continue to work with Localities and the Executive to improve this figure.

4.3 Delivery Unit Complaint Data (Formal Complaints)



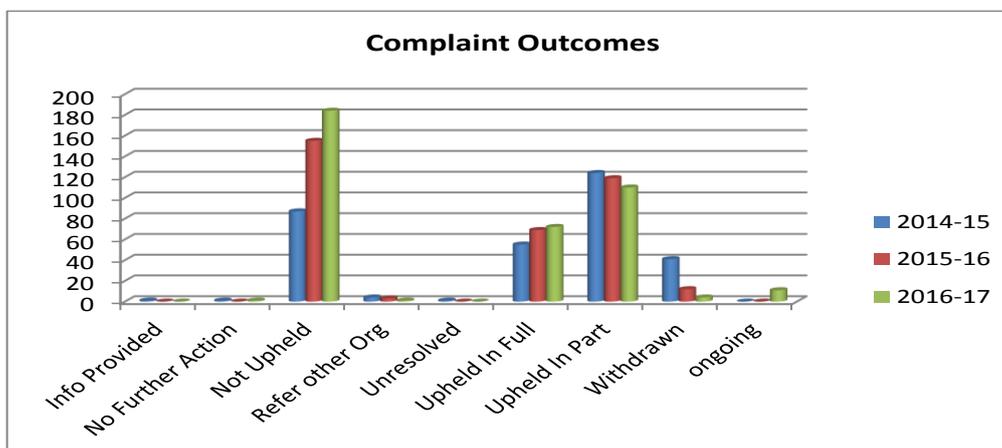
Bristol Mental health had seen significant increases in complaints this year. In Bristol, inpatient complaints remained fairly static and the rise was seen in community services in Q2 & Q3 but this figure was falling again in Q4. The most common cause of complaint was clinical care, followed by attitude of staff.

Wiltshire Services saw a rise in formal complaints in Q3 & Q4, clinical care, attitude of staff and communication were equally the most common cause of complaint.

North Somerset Services have seen a significant reduction in complaint numbers.

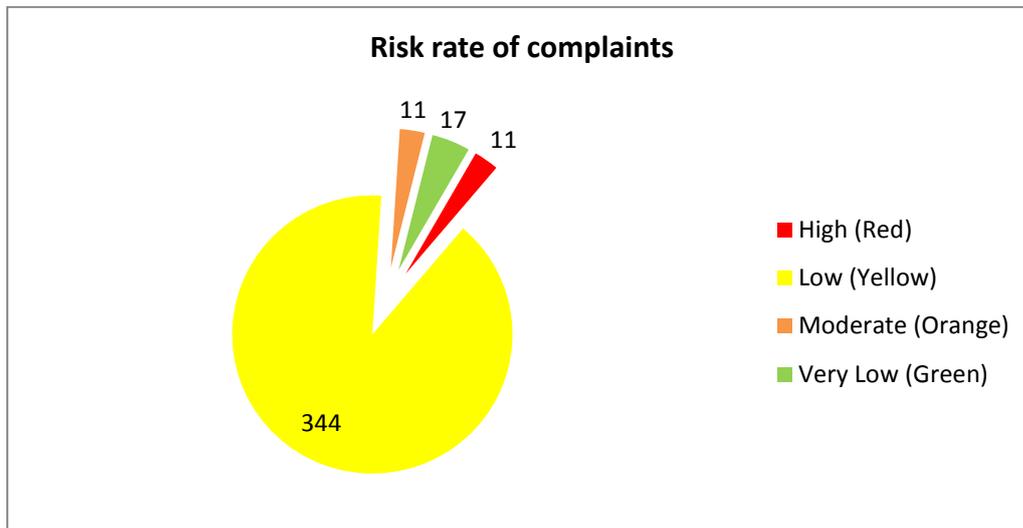
4.4 Outcome Data (Formal Complaints)

Following a complaint investigation an assessment is made whether a complaint is upheld in all parts, upheld partially, i.e. some of the elements are substantiated, or the complaint is unfounded.



4.5 Grade of Complaints

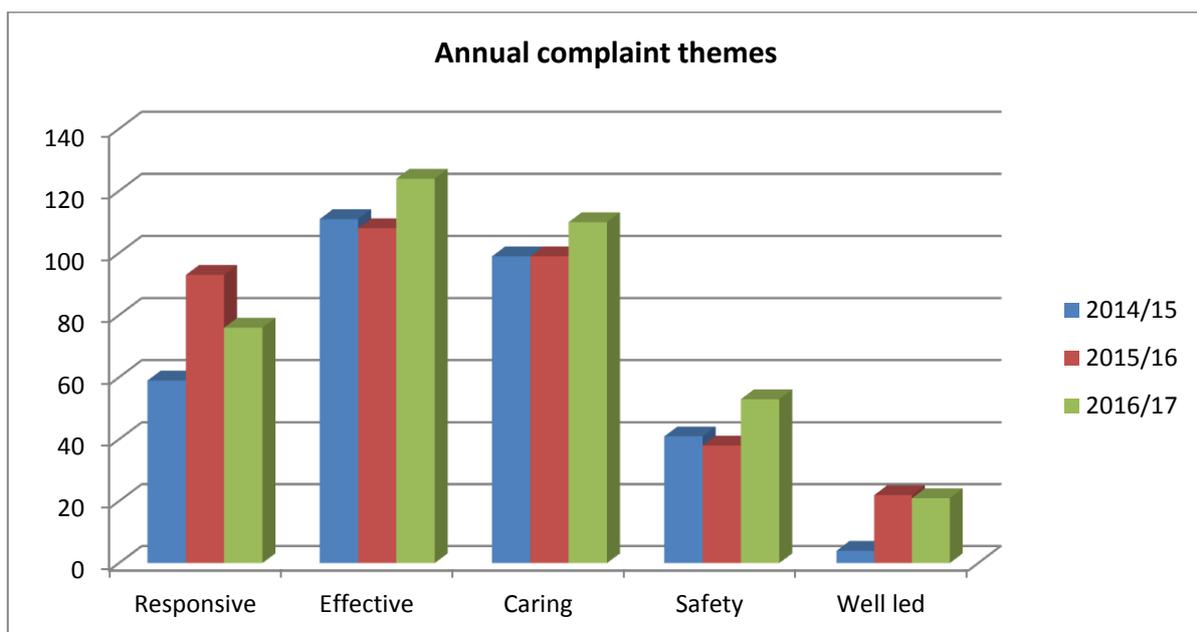
The Trust has integrated all its patient safety activity and uses the same methodology to grade its complaints as it does to grade its incidents. Overwhelmingly the Trust's complaints are graded as yellow, i.e. predominately minor to moderate matters, as shown on the table below.



There were 11 complaints that were graded as a high risk (red); this is an increase from 8 red graded complaints last year. All of these complaints concerned the unexpected death of a Service User and were investigated using Root Cause Analysis methodology.

4.6 Thematic Analysis

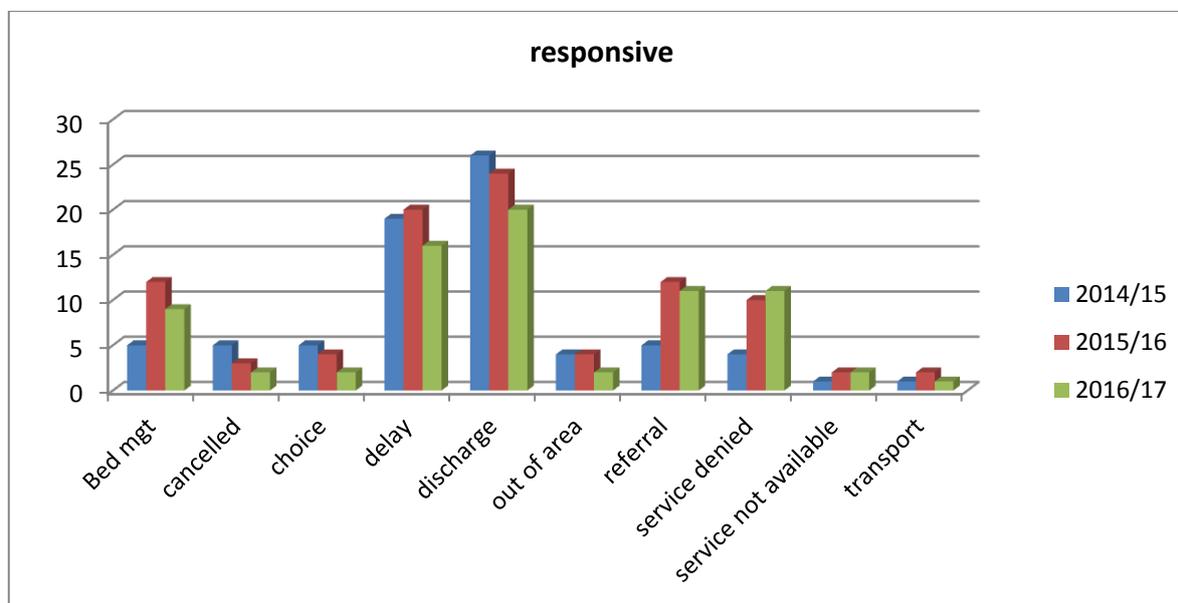
The Trust has adopted the themes used by the Care Quality Commission and the breakdown of complaint themes is shown in the graph below.



4.7 Responsive

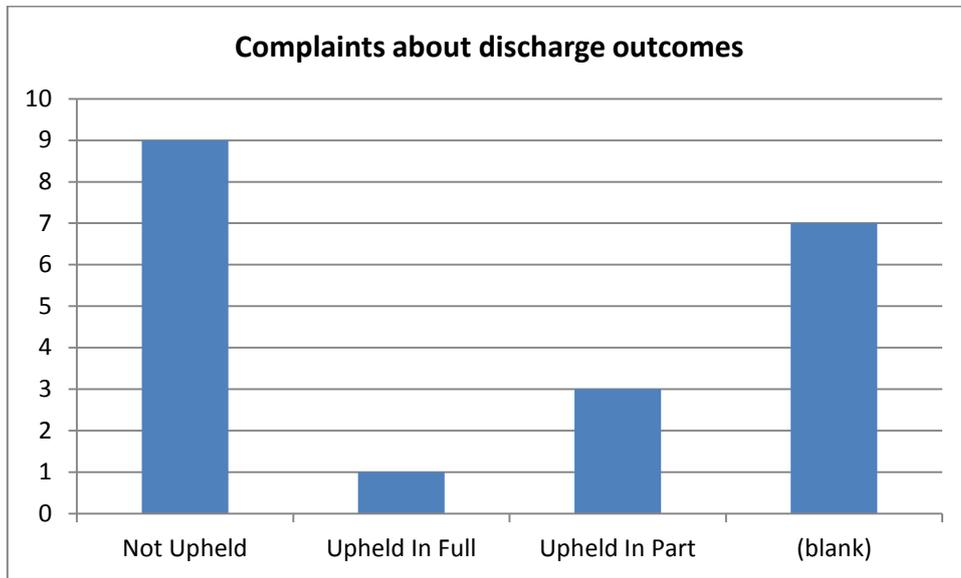
The charts below show the themes arising from formal complaints; a full breakdown of PALS themes is available at appendix 1.

Complaints about discharge from services are the most complained about category in this domain with 20 complaints; this is followed by complaints about delay in receiving a service, at 16 complaints.



The analysis of complaints received about discharge from services is below and does not show any areas where this can be considered a theme.

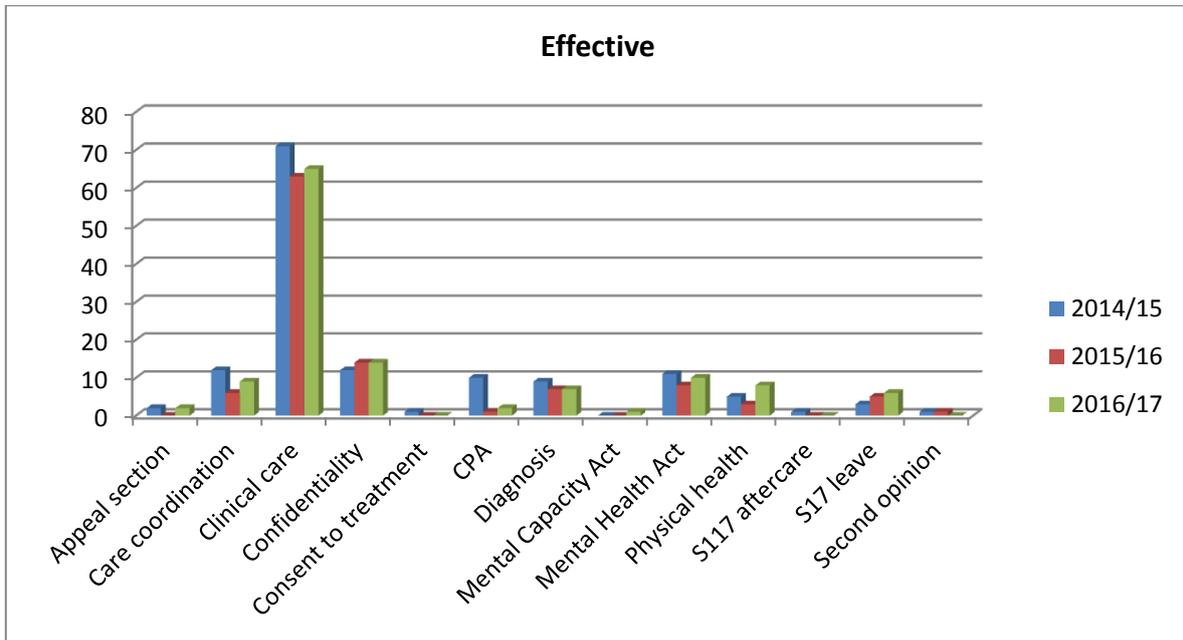
BANES Intensive	1
Bristol Acute IP Lime	1
Bristol Acute IP Silver Birch	3
Bristol MH Assess & Recovery N	1
Bristol MH Assess & Recovery S	1
Bristol Rehab Alder	1
N.Som LFU LL IP Dune Unit	1
N.Som Recovery	2
S.Glos Recovery South	1
Specialised Eating Disorders S	1
Swindon EI	1
Swindon Intensive	1
Swindon PC Liaison	1
Wiltshire Acute IP Beechlydene	2
Wiltshire WWYKD CMHT	2
Grand Total	20



* Blank = ongoing

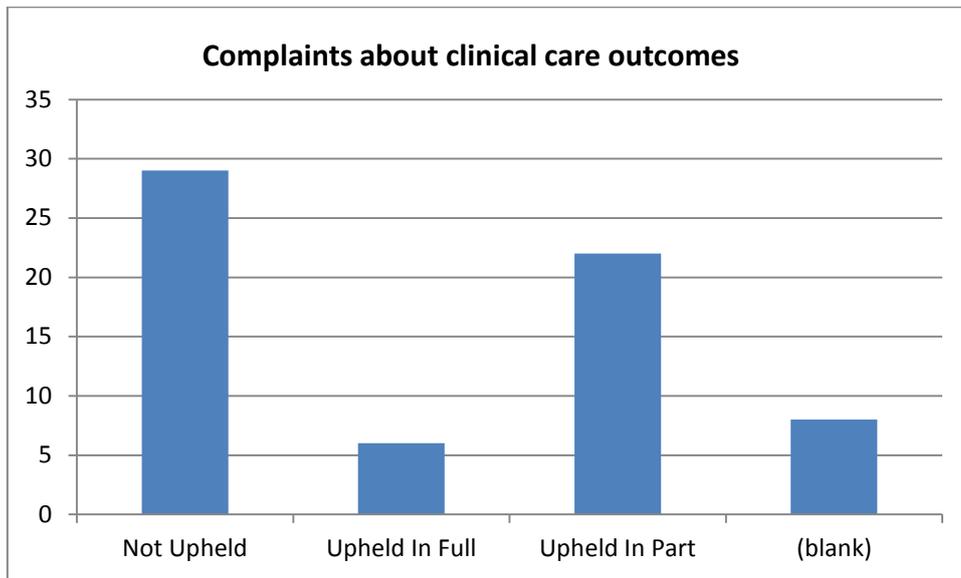
4.8 Effective

Clinical care is unsurprisingly the most complained about area in the Effective domain, these are complaints about 'all aspects of clinical care'. This is followed by CPA, care coordination and confidentiality.



The table below shows what element of clinical care has been complained about.

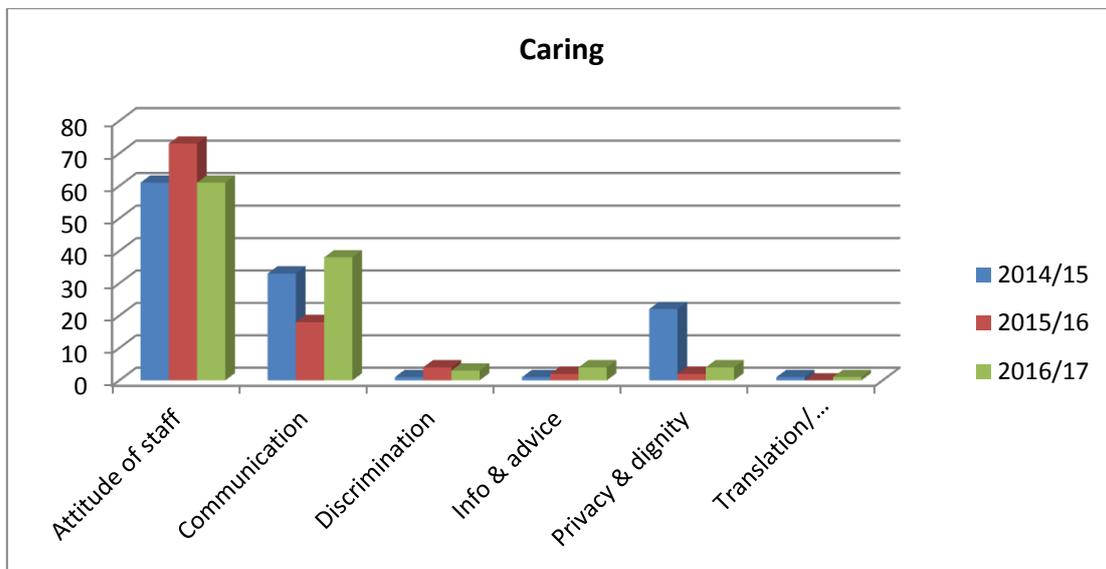
Continuity	4
Examination	1
Medical	1
Quality	49
Treatment	10
Grand Total	65



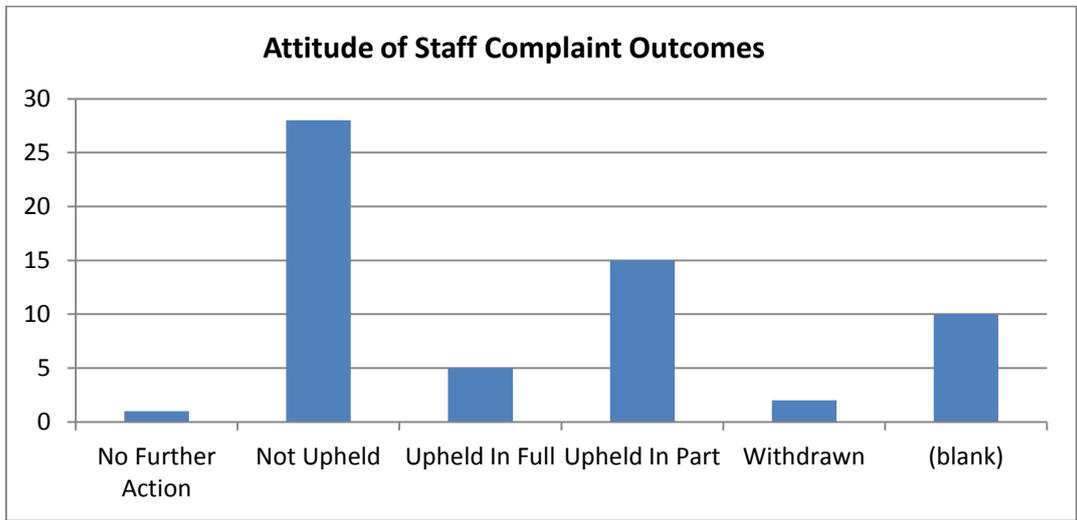
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4.9 Caring

Attitude of staff remains a concerning area for complaint, although this has reduced again following a rise last year. Complaints about communication have seen a rise again this year.

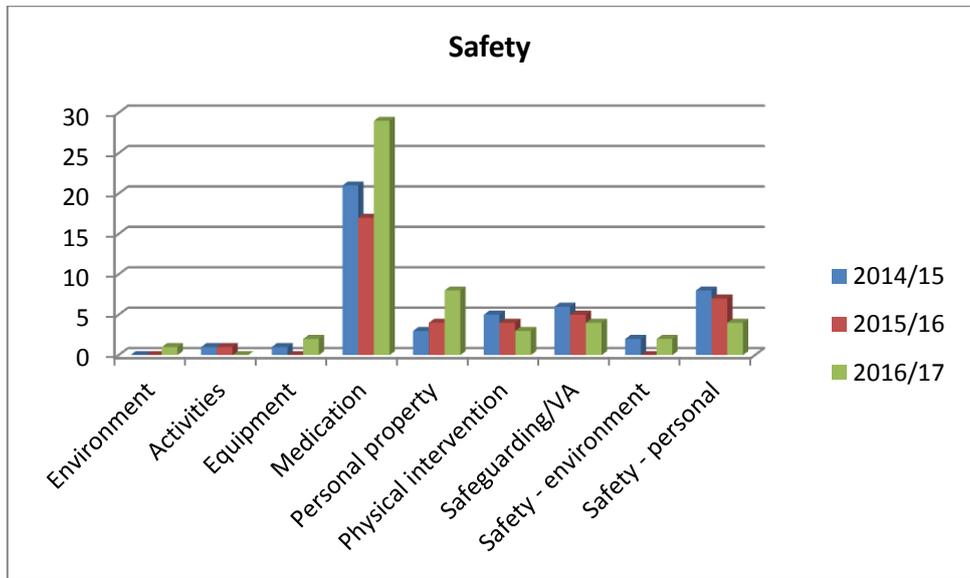


Analysis of these complaints is as you would expect in line with size of locality in the way they are distributed in the Trust. The outcomes of these complaints are shown in the graph below.



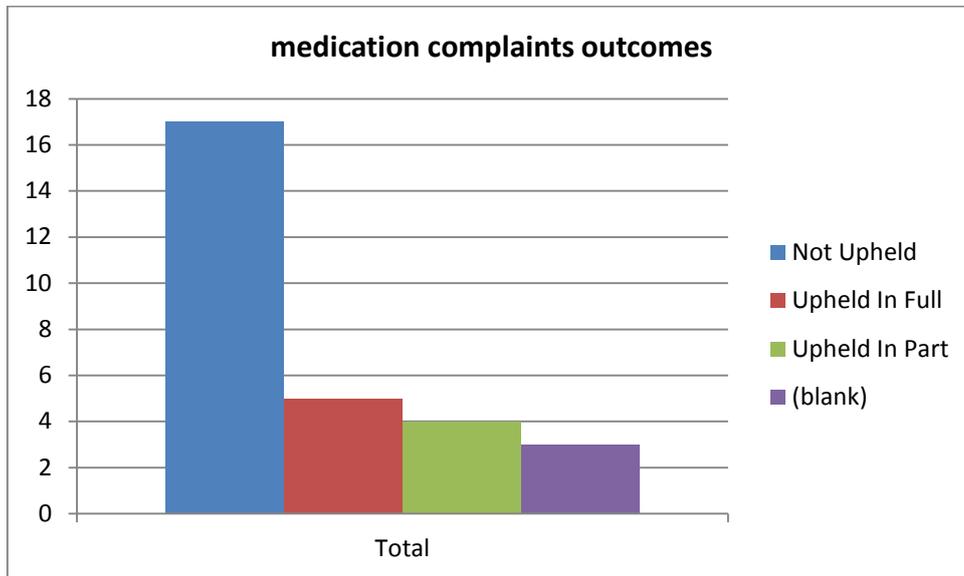
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4.10 Safety



Complaints about medication have risen markedly this year and further breakdown shows that complaints where service users or carers disagree with the medication they are prescribed is the most common category.

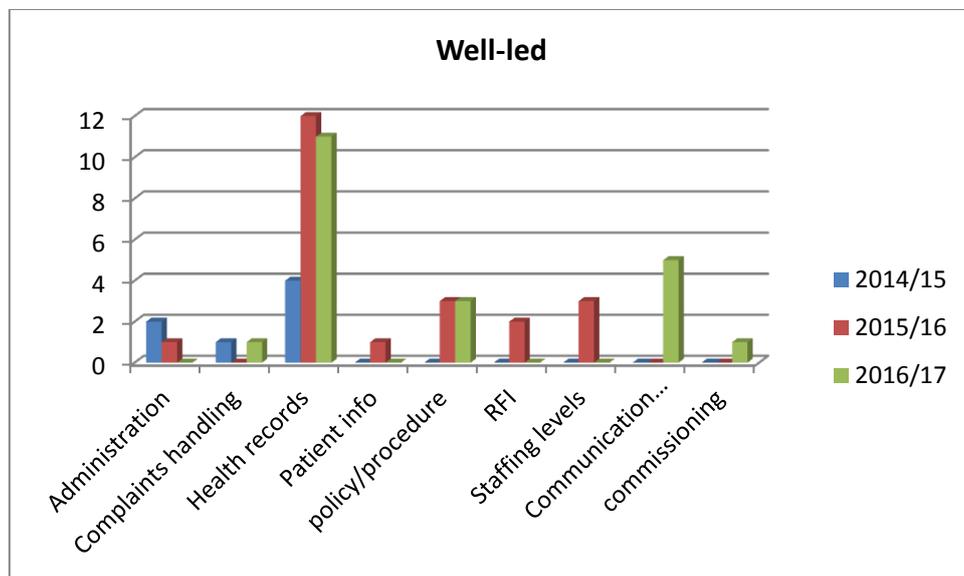
Administration	2
Disagreement	14
Medication - Nor Correct	4
Medication - Not Received	2
Medication - Prescription	1
Medication - Side Effects	6
Grand Total	29



* blank= ongoing

4.11 Well Led

Well led continues to be a small area of concern compared to other domains with Health Records remaining the most complained about area. This year has also seen complaints about communication systems, for example, being unable to reach a team by telephone or the use of the internet on inpatient wards.



5 Actions and Recommendations Made

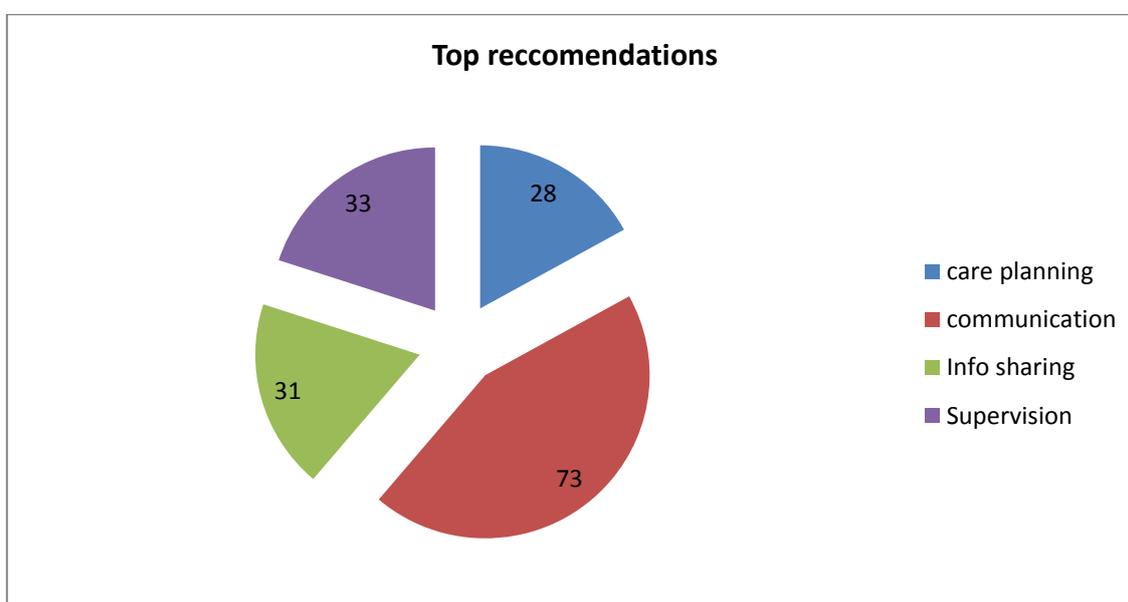
When a complaint is received, or someone contacts the PALS team, we enter the detail into the Ulysses Safeguard database. As stated these are recorded under the following domains.

- Responsive
- Effective
- Caring
- Safety

Well-led

Each classification has a number of sub-headings as illustrated in the graphs below. These allow us to record the issues brought to the Trust with improved accuracy, and allow us to track the issues important to mental health services and our users.

When a complaint investigation has completed and recommendations are made to put things right or to prevent reoccurrence, by changing practices or procedures for example, these are sent to the Locality/ Speciality Delivery Units as part of the Quality Improvement Plan. The complaints system is aligned with the system in place for incidents meaning that all recommendations and actions are recorded on one plan to ensure delivery of these improvements. This strengthens the governance of the system ensuring that we learn from complaints. The recommendations, although individual to the complaint and the complainant's situation, are also themed to allow us to find hot spots and target areas to focus improvement and change. A full breakdown of themed recommendations is available by delivery unit at appendix 2. The graph below shows the top 5 across the Trust.



6 Parliamentary Health Service Ombudsman

The Trust makes every effort to resolve complaints within Local Resolution. Complainants are given the opportunity of contacting the Trust again, following receipt of the final response, to clarify any issues in connection with their complaint. A further meeting or investigation will be offered if appropriate.

The numbers of complaints accepted for investigation remains low. It is hoped that this is a reflection of the flexibility of the complaints process and the willingness of the Trust to resolve complaints and to revisit issues if people are not satisfied with the investigations and this low number should be celebrated. Outcomes from PHSO investigations are reported to the Critical Incident Overview Group, and detailed quarterly in the Patient Experience Report to Quality and Standards Committee.

6.1 Parliamentary Health Service Ombudsman Trend Activity

Complaints accepted for investigation

	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
Referred to PHSO	22	12	19	21	7	12	4	6

6.2 Ombudsman Activity 2016/17

(The decisions below may also relate to investigations undertaken in 2014/15 and 2015/16, therefore the figures accepted for the year will not match figures for outcomes/ongoing cases below)

- 4 complaints were not upheld
- 2 complaints were partially upheld
- 3 complaints are on-going

7 Complaints Annual Survey

It is noted that the response rate to these surveys has increased this year 100 surveys were sent out in Survey 2 & 3 and we received 49 back meaning a participation rate 49%. This is a significant increase on return rate of Survey 1 carried out in 15/16 which was 21%. 15/20 of the indicators below show improvement.

(Question 1 related to what month a complaint was made – therefore no result given below)

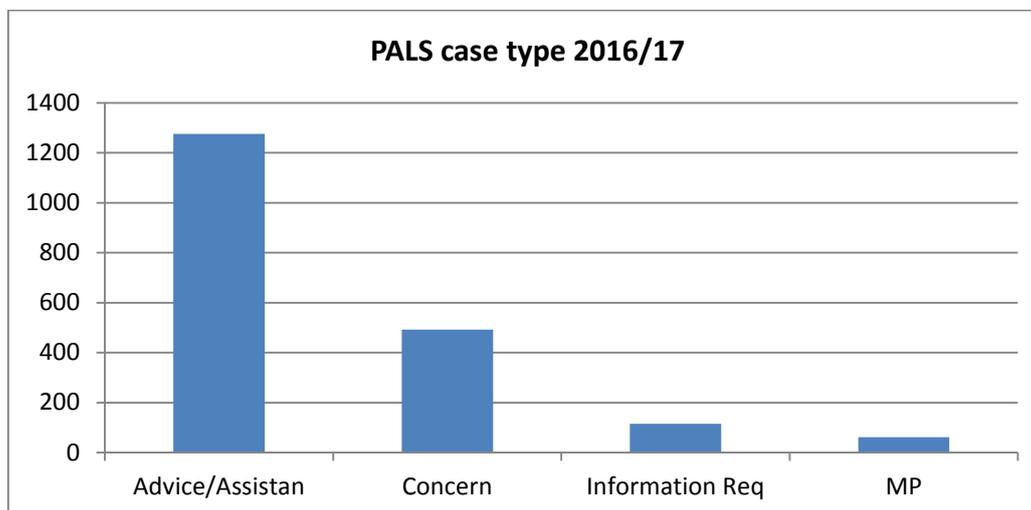
	Survey 2 16.17	Survey 3 16.17
2. When things went wrong, was it clear how to make a complaint?	65	60
3. Were you made aware that you could be supported (for example by advocacy?)	52	58
4. When making your complaint, were you reassured that it would be treated confidentially, sensitively and would not adversely affect future care or treatment?	71	63
5. When making your complaint, did you feel that you could have raised your concerns with any of the staff you dealt with?	45	47
6. When you made your complaint did you know that your concerns were taken seriously the first time you raised them?	74	68
7. Were you able to communicate your concerns in a way that you wanted?	81	84

8. Were you able to communicate your concerns at a time that you wanted?	77	79
9. How did you initially make your formal complaint?	n/a	n/a
10. Who did you initially speak to?	n/a	n/a
11. Were you satisfied were you with their overall manner and attitude?	77	79
12. Did they explain the complaints process to you?	81	84
13. Did you always know how your complaint was progressing?	65	63
14. Did you feel that the responses were personal to you and specific to your complaint?	74	84
15. Was the response easy to understand and clear?	71	74
16. Did you receive a resolution in a time period that was relevant to your particular case and complaint?	68	74
17. Were you told the outcome in an appropriate manner?	55	79
18. Did you feel that the outcomes directly addressed your complaint?	58	58
19. Had your views on an appropriate outcome been taken into account?	52	63
20. Would you use the complaints process again if you needed to?	74	84
21. Did you feel that your complaint was handled fairly?	52	68
22. Would you advise others to use the complaints process if they felt they needed to?	68	79
23. Were you told, or do you know, how complaints are used to improve services?	42	44

8 The Patient Advice and Liaison Service (PALS)

PALS enquiries can range from requests for information to complex concerns that need resolving. Over the past year, the team have received 1944 enquiries (compared to 1802 last year) and provided confidential, impartial information, advice or solutions. The PALS team continue to deal sensitively and compassionately to callers in crisis and sometimes extreme distress.

People do not have to use the PALS service to make a complaint. However, the team are happy to assist people to do so and to support them through the process. The PALS team also work closely with their colleagues in Advocacy Services and ensure that our users know that this support is available to them.



8.1 PALS outreach work

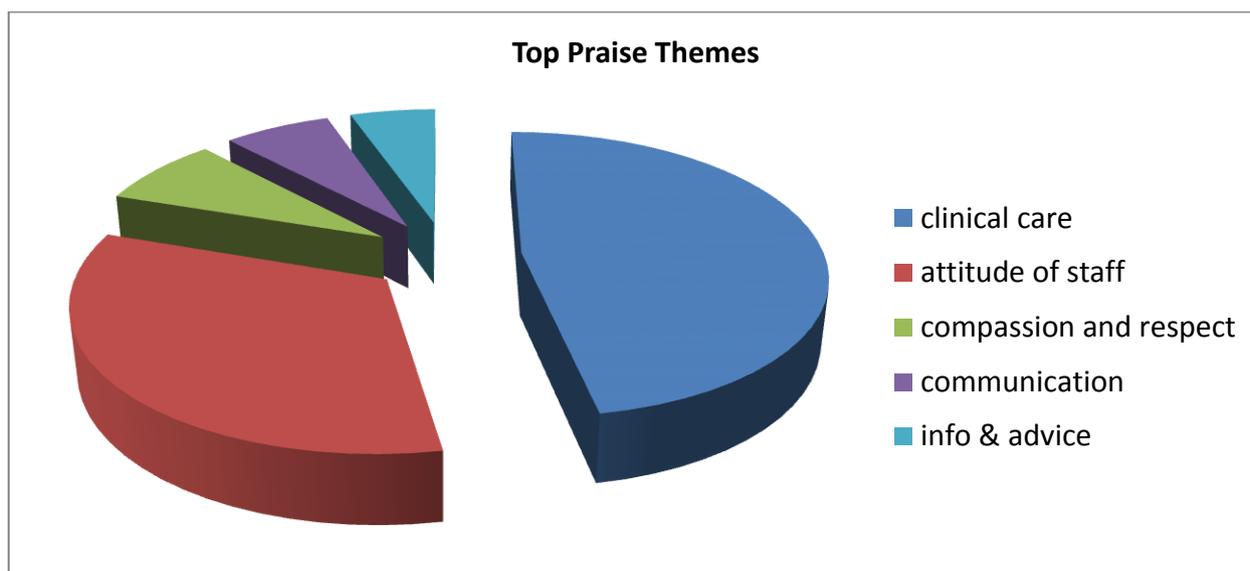
The PALS team aim to be as accessible and visible as possible. They continue to carry out a monthly programme of visits to AWP wards and Units. They also attend Care Forums in localities taking information gathered from PALS in themes of concerns.

9 Praise

In 2015/16 we moved to electronic capturing of compliments that are recorded at team bases and extracted, themed and reported by PALS. This new system has seen recorded praise rise and this year 1309 compliments have been recorded.

9.1 Praise Activity

Praise	2013/14	2014/15	2015/16	2016/17
BaNES	85	112	295	411
Bristol	180	196	283	193
N Som	98	103	74	176
S Glos	70	41	55	44
Swindon	117	82	167	187
Wiltshire	165	111	128	154
Secure	85	46	12	14
Specialised	42	25	83	93
Other	7	8	23	7
CAMHS	-	-	-	30
Total	849	724	1120	1309



Praise for Talking Therapies

'I have been very pleased with everything. I have felt supported and listened to, and have been taken seriously when I needed it.'

Praise for Crisis team.

'A service user described that they had experienced many sleepless nights recently but found the team very supportive. They gave her time to chat and it made her feel so much better. Was waiting for a change of medication and this caused her to become distressed. The team were fantastic, nice people. A big big thank you.'

Praise for Older People's Ward

'A Big thank you for your care, understanding and support that you have given to Dad and us over the past two months. It was very reassuring to us that Dad was getting the best care possible.'

10 Objectives

10.1 2016/17 PALS and Complaints Team Objectives

Objective	Action taken
To fully implement the Complaint Review Panel in order to get lay feedback to help improve the quality of complaint responses.	A panel of service user's and carers have been recruited and have received a training session on the complaints process. Three panels have been held this year. The members have examined a number of complaints from a wide variety of services and complete a score card for each one. This information is being collated, and will be used to improve the complaint responses sent from the Trust.
To support the timeliness of responses with the delivery units to improve the experience of the complaints process for its users. To reach	This objective has not been met so systems have been further reviewed. Delays were occurring at Executive sign off stage so a

a standard of 95% compliance.	more detailed tracking system has been put into place and PALS will automatically send out apology letters if full responses are late.
To work with Learning and Development Colleagues to review and deliver complaints training that is in line with national guidance on complaints handling.	Several sessions have now been held with further planned for next year. Feedback from the attendees to training has been very positive.
To further promote advocacy services to ensure complainants can access support to make a complaint.	PALS continue to promote advocacy in their conversations with complainants and we include leaflets and information in all acknowledgement letters, disappointingly the % of people who said they were made aware of this when surveyed remains stubbornly low.
To respond to the Nursing and Quality Directorate re-structure to bring together incident and complaint investigations, where possible, and to facilitate the identification of themes.	Work continues on the Learning from Patient Experience Report that brings together all strands of feedback and incident data. The reports in 2016/17 were well received by committees and Localities have supported this by providing evidence of change and improvement following identification of issues.

10.2 2016/17 PALS and Complaints Team Objectives

CIOG agreed the following objectives to continue to improve the complaints process.

Objectives 2017 2018

Objective	Progress Monitoring
Provide the Trust board and sub governance groups of with more timely information relating to PALS and complaints to support early identification of potential areas of risk.	Monthly reporting to Q&S within the integrated performance report and the clinical executive report..
To develop and evidence triangulated learning	Triangulated reporting with a range of patient experience and patient safety data. Monthly actions in response to triangulation of data. Improvement feedback via monthly reporting.
To work with Learning and Development Colleagues to review and deliver complaints training that is in line with national guidance	Several sessions have now been held with further planned for next year. Feedback from the attendees to training has been very A programme of training sessions which locality managers will identify and support relevant staff to attend. Attendance at training sessions.

<p>To support the timeliness of responses with the delivery units to improve the experience of the complaints process for its users. To reach a standard of 95% compliance.</p>	<p>This objective has not been met so systems have been further reviewed. Delays were occurring at Executive sign off stage so a more detailed tracking system has been put into place and PALS will automatically send out apology letters if full responses are late.</p> <p>Tracking system of complaint responses.</p> <p>Identification of causes of delays and actions to resolve.</p> <p>Apologies letters where breaches occur.</p>
<p>Increasing service user and carer knowledge of advocacy services</p>	<p>Involvement coordinators and locality managers displaying information regarding advocacy services in all clinical areas.</p> <p>Improvement in the number of complainants who are aware of advocacy services.</p>

11 Conclusion

This report highlights the need to complete complaint investigations in a timely manner and this remains a focus, we will track improvement following the implementation of further tracking of letters to the Executive, we will identify areas of delay and work with colleagues to develop improvement actions.. The Trust needs to continue to ensure good quality, compassionate and service user/ carer centred management of complaints with a focus on transparency, caring, learning and improving.

Information arising from and learning from complaints needs to be embedded across the Trust and within localities. We will continue to raise concerns and complaints and provide information to aid learning; we will triangulate a range of patient experience and patient safety data which will support wider learning The survey results show that the Trust needs to clearly describe recommendations and learning in complaint letters to provide reassurance to complainants that we have and continue to learn.

It is of note that 84% of people said that they would use the complaints service again and that their responses were personal and specific to their complaint. 79% of people would advise others to use the complaints service.

Report written by:

Jo Collins

PALS and Complaints Manager

June 2017